Part A – SIP Progress Report Signature Sheet

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California – Child and Family Services Review Signature Sheet For submittal of: CSA ☐ SIP ☐ Progress Report X	
County	HUMBOLDT
SIP Period Dates	August 31, 2012 through August 31, 2017
Outcome Data Period	Report publication: April 2015. Data extract: Quarter 4, 2014
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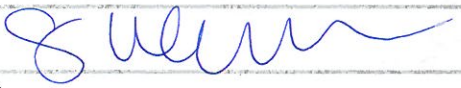
Signature*	
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Public Agency Designated to Administer CAPIT and CBCAP	
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Signature*	
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Board of Supervisors (BOS) Signature	
BOS Approval Date	NA
Name	
Signature*	

Mail the original Signature Sheet to: *Signatures must be in blue ink	Children's Services Outcomes and Accountability Bureau Attention: Bureau Chief Children and Family Services Division California Department of Social Services 744 P Street, MS 8-12-91 Sacramento, CA 95814

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Public Agency Administering CAPIT and CBCAP (if other than Child Welfare)	Name	County Child Welfare Agency
	Agency	
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HUMBOLDT COUNTY

CALIFORNIA CHILD AND FAMILY SERVICES REVIEW

System Improvement Plan Progress Report

8/31/2015

Humboldt County Department of Health and Human Services Mission:
To reduce poverty and connect people and communities to opportunities for health and wellness.
Vision: People helping people live better lives.

Humboldt County Probation Department Mission:
As an agent of the Court, we reduce the impact of crime in our communities through investigation, prevention, supervision, collaboration, detention, and victim restoration.

Michele Stephens
Department of Health and Human Services
Children & Family Services, Program Manager II

Jody Green
Humboldt County Probation Department
Juvenile Services, Division Director

Cris Plocher
Department of Health and Human Services
Children & Family Services, Administrative Analyst

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Part A – SIP Progress Report Signature Sheet

California's Child and Family Services Review System Improvement Plan	
County:	**HUMBOLDT**
Responsible County Child Welfare Agency:	**Department of Health and Human Services (DHHS), Social Services, Children & Family Services (C&FS)**
Period of Plan:	**August 31, 2012 through August 31, 2017**
Period of Outcomes Data:	**Report publication: April 2015. Data extract Qtr 4, 2014**
Date Submitted:	***August 31, 2015***
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Submitted by each agency for the children under its care	
Submitted by:	**Humboldt County Department of Health & Human Services Social Services, Children & Family Services (Lead Agency)**
Name:	**Stephanie Weldon, Social Services Director**
Signature:	
Submitted by:	**County Chief Probation Officer**
Name:	**Bill Damiano, Chief Probation Officer**
Signature:	
Board of Supervisors (BOS) Approval	
BOS Approval Date:	***Not applicable***
Name:	

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PART B – 2015 SIP Progress Report Narrative

1. Stakeholder Participation

Monitoring the implementation of the county's SIP strategies and action steps are assigned to the SIP contact leads for Children & Family Services and for Probation Department Juvenile Services. The contact leads attend meetings, maintain communication and obtain feedback from agency program managers, supervisors, and project coordinators, as well as partner agencies, community partners, youth representatives, resource parents, Tribes, Child Abuse Prevention Council, and California Department of Social Services (CDSS). A SIP work group meeting was held May 21st to obtain feedback and updates for the 2015 SIP Progress Report and on SIP action steps that are identified for start-up, ongoing and completion activities during 2014-15 fiscal year. This input was incorporated into this report's Section 3 (Status Update of SIP Strategies and Action Steps) for each of the three goals and their respective targeted strategies and action steps for implementation.

2. Improvement Goals and Current Performance

Three performance outcome measures were identified as priorities in the county's five year SIP (2012-2017) and given targeted improvement goals to compare to current performance and national standard as shown in the table below.

CWS current performance in measure **S1.1 No Recurrence of Maltreatment** exceeds the baseline levels, target improvement goal, and national standard. In contrast, CWS current performance for measure **C1.1 Reunification Within 12 Months** is less than baseline levels, target improvement goal, and national standard. Similar lower current CWS performance is seen in measure **C1.4 Reentry Following Reunification,** which shows to be in-between the baseline levels, and less than improvement goal and national standard.

Probation current performance in measure **C1.1 Reunification Within 12 Months** exceeded baseline levels and target improvement goal, but not national standard.

S1.1 No Recurrence of Maltreatment – for CWS
National Standard: 94.6%
Target Improvement Goal: 97% or greater
CSA/SIP Baseline Performance (Qtr 3/Qtr 4, 2011): 90%/96%
Current (Qtr 4, 2014) Performance: 96.8%

C1.1 Reunification Within 12 Months (exit cohort) – for CWS and Probation
National Standard: 75.2%
Target Improvement Goal: **CWS** 78.6% or greater and **Probation** 57% or greater
CSA/SIP Baseline (Qtr3/Qtr 4, 2011): **CWS** 71.9%/76.8% and **Probation** 33.3%/42.9%
Current Performance (Qtr 4, 2014): **CWS** 63.3% and **Probation** 66.7%

C1.4 Reentry Following Reunification – for CWS
National Standard: 9.9%
Target Improvement Goal: 18.6% or less
CSA/SIP Baseline Performance (Qtr 3/Qtr 4, 2011): 19.1%/32.2%
Current (Qtr 4, 2014) Performance: 24.4%

Outcome measure data is obtained from University of California at Berkeley Center for Social Services Research website. URL: http://www.childsworld.ca.gov/PG1358.htm.

Reference

Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Glasser, T., Williams, D., Zimmerman, K., Simon, V., Putnam-Hornstein, E., Frerer, K., Cuccaro-Alamin, S., Winn, A., Lou, C., & Peng, C. (2009). Child Welfare Services Reports for California, University of California at Berkeley Center for Social Services Research website. URL: http//cssr.berkeley.edu/ucb_childwelfare/

CWS and Probation also rely upon the web-based SafeMeasures database application as part of its quality assurance system, located at: https://safemeasures.org/ca/.

Reference:

Children's Research Center SafeMeasures® Data. Humboldt County Children Family Services Review, Childrens Research Center website, URL: https://safemeasures.org/ca/.

CWS and Probation conduct quarterly detailed reviews of their outcome measures, in consultation with the CDSS, Children's Services Outcomes & Accountability Bureau. These quarterly reviews monitor and analyze CWS and Probation progress in complying with federal and state Child and Family Services Review (CFSR) measures, in accordance with AB 636.

The three outcome measures are influenced by key factors that may impact the recurrence of maltreatment, reunification delays, and reentry after reunification. These factors are considered as obstacles, systemic issues, or environmental conditions with which children and families often need help. The factors were identified during the County Self Assessment (CSA) and SIP planning process and reinforced by the stakeholder reviews of the 2014/2015 SIP progress.

Family issues and environmental conditions may include:

- Insufficient family coping, life skills, and communication/relationship abilities (domestic violence, emotional/verbal abuse, etc.)
- Parental mental illness, trauma, and/or substance abuse challenges
- Inadequate parenting skills
- Children having behavioral, health or trauma related difficulties
- Lack of physical and community resources (employment, housing, education skills)
- Historical trauma in tribal communities due to genocide
- Lack of community access in remote and rural areas of county

Systemic issues and challenges may include:

- Maintaining sufficient and well-trained workforce, care providers, and community service providers that are skilled in working with child/family key risk factors
- Maintaining social worker continuity in the life of the case and regularly meetings with families using family conferencing for group consensus decision making
- Effectively engaging families in group decision making on their case plan and accurately identifying/addressing their strengths, needs and family supports/resources
- Developing and maintaining family advocacy and peer supports

- Providing an effective referral process for evidence-based/services and best practices, and also reviewing effectiveness of referral and use of services to meet family needs
- Providing available and accessible services in the community that address specific needs of the family (e.g. inpatient alcohol/drug treatment, in-home parenting training)
- Decentralizing integrated services to be community place-based
- Improving county-wide capacity to serve Native American communities with cultural and linguistic understanding
- Continuing momentum to support multi-agency partnerships and multi-disciplinary teams, and sharing resources across systems of care initiatives

The trend charts shown in the next few pages demonstrate the county's performance progress over time in the three targeted measures and in comparison to national standard.

S1.1 No Recurrence of Maltreatment - CWS

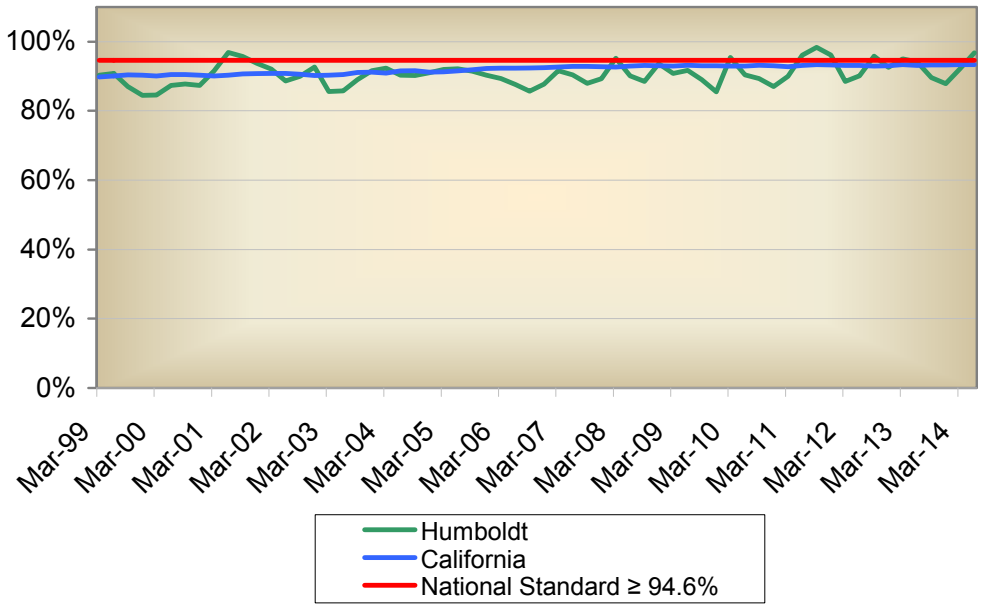
The chart below shows the rate of no recurrence of maltreatment over the last 15 years. This is defined as the percentage of all county's children with a substantiated allegation of abuse or neglect within the first six months of the 12-month study period who did not have another substantiated allegation during the subsequent six months.

The trend in this measure shows periods of intermittent improvement, such as in more recent years during 2011 through 2014. Current results for 2014 show 96.8% (121 out of 125 youth) had no recurrence of maltreatment, which exceeds national standard (94.6%) and statewide average (93.4%).

This measure is limited in its ability to establish a causal link between one or more prevention or intervention strategies and a county's relative success on the measure. Also, child/family history and prevalence of previous allegations may be factors that influence this measure. However, the measure does shed some light on whether the county's existing prevention and intervention strategies are able to stabilize the children/family in the short-term during the subsequent six months after a substantiated allegation is made.

Efforts made so far to improve this outcome are carried out through evidence-based practices (EBP) and best practices identified on pp. 14 - 15 and SIP action steps described in Section 3. Services targeted to stabilize life stressors, and also mental health and substance abuse challenges are key toward improving outcomes for the children and family, including this outcome measure.

No Recurrence of Maltreatment (Measure S1.1)
***Six Month Avg* - March 1999 to June 2014**



Source: UC Berkeley CWS Outcome Summary
Q4, 2014 (04/07/2015)

Analysis of this measure from U.C. Berkeley data (Qtr 4, 2014) shows 3.2% (4 out of 125) of youth that had recurrence of maltreatment were either under age 5 or adolescents ages 11-15, predominantly female, with mostly general neglect but also physical abuse and severe neglect allegations often against the birth mother, and of Caucasian descent, living predominantly in Eureka. Mental health and drug abuse issues, as well as lack of parenting and life coping skills are key challenges for the family.

The four cases that did experience recurrence of maltreatment were reviewed to determine whether certain factors were prevalent in these cases. This research showed the following.

- Ethnicity for all cases is Caucasian (White)
- Ages 3 to 18
- Allegation of general neglect in all cases,
- Removal locations in Eureka and Fortuna
- Placement locations in Eureka
- Multiple previous referrals in 50% of cases
- Average of two placement changes over life of case
- Type of placement with relative, guardian, or foster home
- Average of three different primary social workers assigned over life of case
- Regular frequency of face-to-face visits were completed for all of the cases
- Mental Health issues were not observed in any of the children
- AOD issues were observed in at least one parent for 75% of the cases and all of the cases showed a mental health issue
- Homelessness was not evident in any of the cases

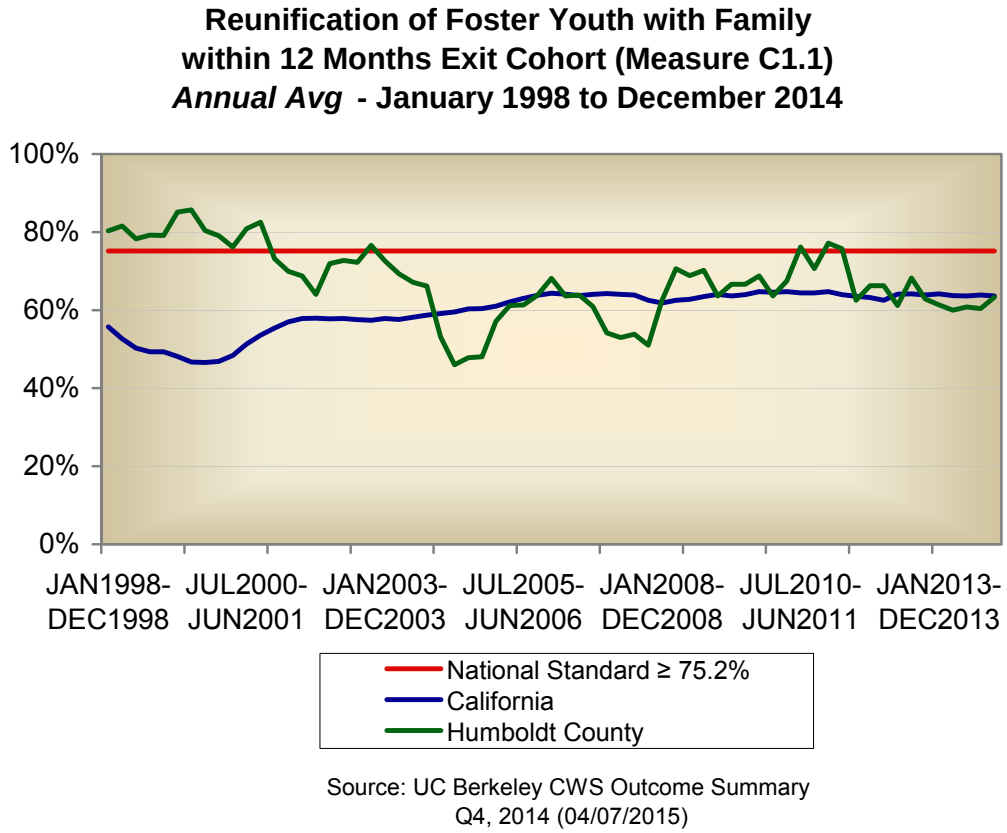
- Types of services received were parenting classes, AOD and mental health counseling/services, 12-Step program, and basic supports

C1.1 Reunification Within 12 Months - CWS

The following chart shows the trend over the last 17 years in the percentage of foster children who exited foster care to reunification within 12 months of the latest removal from the home. Exiting foster care to reunification is defined as an exit from care to the parent(s) or primary caretaker(s) and includes one of the following placement episode termination reason types: Reunified with Parent/Guardian (Court), Reunified with Parent/Guardian (Non-Court), or Child Released Home.

The trend shows a gradual, though variable, improvement over time since 2004. Even though more recently (since 2012) there has been a downward turn in the reunification measure (currently at 63.3%), the overall trend is moving in the right direction, reaching statewide average (63.6%) and upward trending toward the national standard (75.2%).

This measure sheds light on the degree of difficulty in stabilizing children/family life stressors (homelessness, domestic violence), as well as mental health and substance abuse challenges, and also whether the county's existing service strategies are being accessed and effective. Efforts are being made to improve this outcome through EBPs and best practices identified on pp. 14 – 15 and SIP action steps described in Section 3.



Source: UC Berkeley CWS Outcome Summary
Q4, 2014 (04/07/2015)

Analysis of this measure from U.C. Berkeley data (Qtr 4, 2014) shows 36.7% (22 out of 60) youth in foster care that did not reunify within 12 months, range in age from 1 to 17 years (majority of ages 6-10), with general neglect or physical abuse allegations and of Caucasian (White), Native American, or Latino ethnicity, living predominantly in Eureka and Hoopa areas, and placed with kinship or foster home. There is a tendency to take greater than 12 months to reunify particularly in kinship and foster home placements, where parents may be undergoing domestic violence counseling and substance abuse treatment.

A 10% random sample of 22 children that did not reunify within 12 months were reviewed to determine whether certain factors were prevalent in these cases. Of this sample, 40% of the cases were selected to have primary ethnicity of Native American to reflect the ethnic disproportion of the foster care population. This research showed as follows.

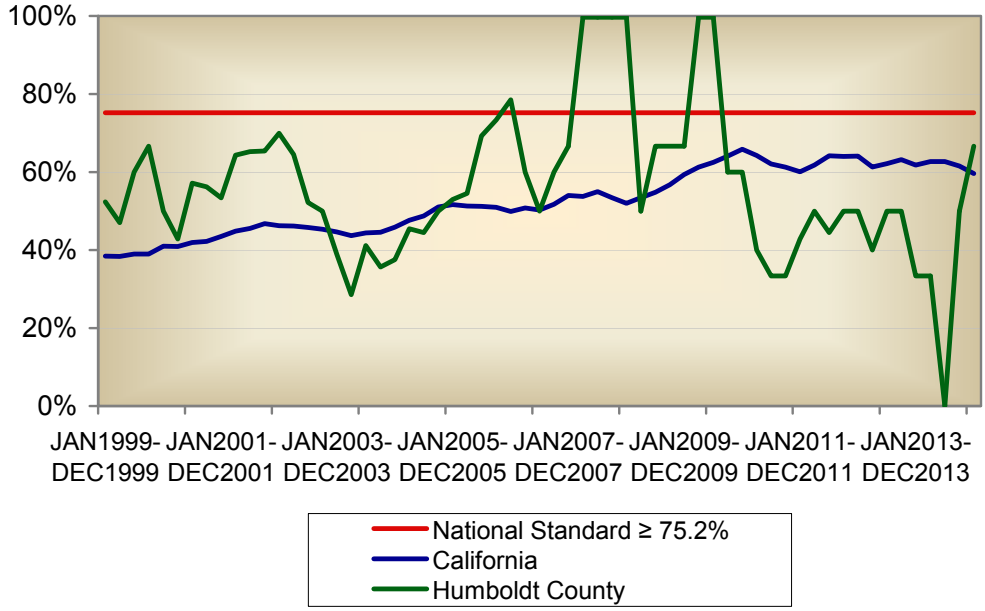
Of the three cases reviewed for the C1.1 measure, where reunification within 12 months (exit cohort) did not happen, the following characteristics are observed:

- Ages 5 to 8
- Allegation of general neglect in all cases
- Removal locations in Eureka, Fortuna, and Hoopa
- Placement locations in Arcata, Rio Dell, and Eureka
- Multiple previous referrals in 33% of cases
- Average of one placement change over life of case
- Type of placement with relative, foster home, or tribal specified home
- Average of three different primary social workers assigned over life of case
- Regular frequency of face-to-face visits were completed for 66% of cases
- Mental Health issues were observed in children for 33% of cases
- AOD issues were observed in at least one parent for all the cases and 66% of the cases shows a mental health issue
- Homelessness was evident in of the cases
- Types of services received were parenting classes, domestic violence/anger management classes, AOD and mental health counseling/services, SafeCare parent training home visits, and basic supports

C1.1 Reunification Within 12 Months - Probation

The reunification measure for Probation is variable and easily affected by small changes due partly to there being a small number of probation youth in out-of-home placement. Improvements in reunification occurred during 2004 to 2009, followed by a downward trend from 2009 to 2013, then a jump during 2014. Currently the rate of reunification within 12 months improved to 66.7% (2 out of 3 youth), which is greater than statewide average (59.6%) and meets the current improvement goal, but lower than national standard (75.2%). Efforts to improve this outcome rely upon EBPs and best practices identified on pp. 14 – 15 and SIP action steps described in Section 3.

Reunification of Probation Youth with Family within 12 Months Exit Cohort (Measure C1.1)
***Annual Avg* - January 1999 to December 2014**



Source: UC Berkeley CWS Outcome Summary
Q4, 2014 (04/07/2015)

Timely reunification of probation youth can be a challenge, especially involving older youth greater than 15 years of age. Typically, youth who enter foster care through the Probation system are closer to the age of majority and less likely to reunify with their parents. By nature of their delinquent status, these youth have externalized behaviors that are challenging to caregivers and parents alike. Probation foster youth frequently have lengthy child welfare histories and may have had previous foster care placements in the CWS system. The Probation youth who enter residential treatment facilities have complex treatment needs including sexual offending, significant mental health issues, and serious alcohol or drug problems. Most juvenile sex offender treatment programs average 12 to 24 months in length.

As of May 1, 2015, Probation had 16 youth in placement (compared to 11 last year) with 12 males and 4 females, ranging in age from 13-19 with eleven of them being 16-18. The youth are placed in the following settings: 7 in group homes/residential treatment facilities, 1 in a transitional living program, 2 in a foster family agency, 5 with a relative and 1 with a non-related extended family member.

Analysis of the C1.1 Probation measure from U.C. Berkeley data (Qtr 4, 2014) shows 33.3% (1 out of 3) of youth in foster care that did not reunify within 12 months. This one youth was a 16 year old Caucasian female removed from her mother's home after failed attempts on probation to remain at home.

This youth suffered from mental health issues as did her mother. The youth and her mother had a volatile relationship which included physical assaults by the youth on her mother.

This youth also had AOD issues and was a chronic runaway. The youth spent time in a local commitment facility operated by the Probation Department (Northern California Regional Facility). The program included embedded mental health services including Wraparound and family counseling.

Upon graduating, this youth was placed locally with a grandparent. Her absconding and AOD use continued and she was eventually placed in a group home to address her mental health and substance abuse issues. The home was selected, in part, based on proximity to her parental home. She absconded from the group home.

During this youth's time on probation, the youth spent a great deal of time in and out of custody and on the run. She was detained 10 times in two years. Her running behavior, AOD use, and her mother's own issues delayed reunification. At the time she was reunified, she was terminated from probation due to exhaustion of her confinement time.

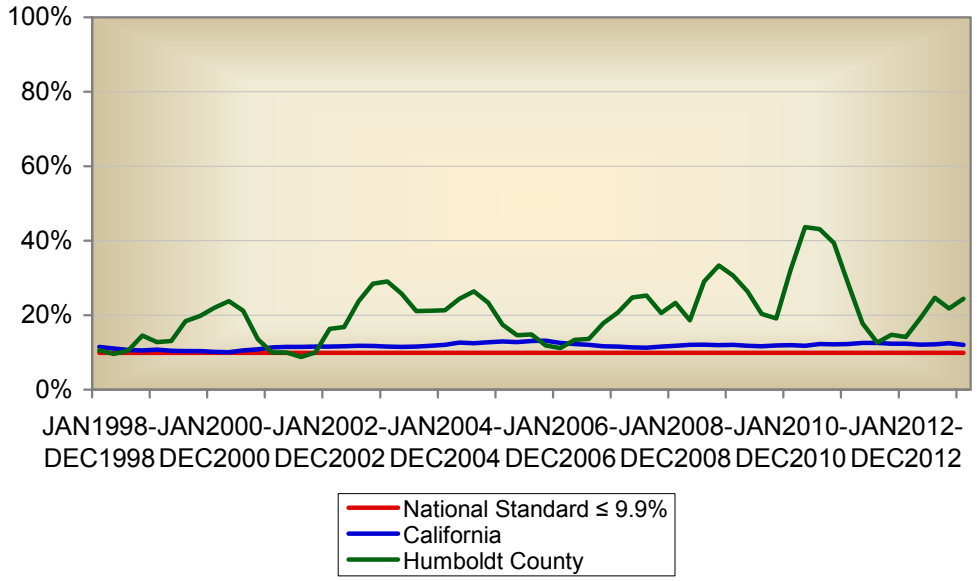
C1.4 Reentry Following Reunification - CWS

The trend of CWS foster care reentry following reunification is demonstrated in the following chart that covers 16 years. This measure is defined as the percentage of children who reentered foster care less than 12 months from the date of exiting foster care during the selected 12-month period.

The trend shows variability in this performance outcome. After reaching a high point in 2011, reentry significantly decreased during 2012, but has been ratcheting upward in recent years. Currently, the reentry rate is 24.4% (21 out of 86 youth), which is greater than statewide average (12%) and the national standard (9.9%).

This measure sheds light on whether policies and practices are effective in successfully transitioning children back with their families and whether services being provided are effective, particularly with substance abuse and domestic violence challenges, homelessness, and lack of parenting skills. Efforts made so far to improve this outcome are implemented through EBPs and best practices identified on pp. 14 – 15 and SIP action steps described in Section 3.

Reentry of Children to CWS After They Were Reunified With Family (Measure C1.4)
***Annual Avg* - January 1998 to December 2013**



Source: UC Berkeley CWS Outcome Summary
Q4, 2014 (04/07/2015)

Analysis of this measure from U.C. Berkeley data (Qtr 4, 2014) shows 24.4% (21 out of 86) of youth that have re-entered CWS after reunification range in age from 1 to 15 years (particularly younger children ages 3 to 5 years), with removal reason of general neglect allegation and of Caucasian (White), Native American, or Latino ethnicity, and living mostly in Eureka and Hoopa areas in kinship or foster homes.

A 10% random sample of 21 children that experienced CWS reentry after they were reunified were reviewed to determine whether certain factors were prevalent in these cases. Of this sample, 40% of the cases were selected to have primary ethnicity of Native American to reflect the ethnic disproportion of the foster care population. This research showed as follows.

Of the three cases reviewed for the C1.4 measure, where reunification within 12 months did not happen (exit cohort), the following characteristics are observed:

- Ages 5 to 7 years
- Allegation predominantly of general neglect with some substance abuse,
- Removal locations: Arcata and Eureka
- Placement locations in McKinleyville, Arcata, Fortuna, and Hoopa
- Multiple referrals in all of cases
- Average of 3.5 placement changes over life of case
- Type of placement with foster family agency, foster home or Rel/NREFM
- Average of 3.5 different primary social workers assigned over life of case
- Regular frequency of face-to-face visits were completed for all of the cases
- Mental Health issues were not observed in children for all of cases

- AOD issues were observed in 50% of the parents
- Homelessness was evident in 60% of cases
- Types of services received were parenting classes, domestic violence/anger management classes, AOD counseling/treatment, and basic supports

Best Practices

C&FS and Probation rely upon a variety of best practices, EBPs, and new informed practices that promote safety, well-being, and stability of at-risk children and families that are receiving services from C&FS and Probation. These practices are elaborated in the county's preceding self assessment and system improvement plan. For more information, refer to the Humboldt County Self Assessment (July 2012) and System Improvement Plan (2012-2017), pages 65 to 75 and pages 16 to 32, respectively. These reports are posted on the CDSS website at **www.childsworld.ca.gov/PG1419.**

The county seeks to maintain and refine best practices that guide administration on the delivery of services throughout the system of care to improve outcomes for children and families. Best practices promoted by the county include:

- Integrated services and some co-location of child welfare case workers, public health nurses, and mental health clinicians/case managers
- Differential Response (DR)
- Structured Decision Making (SDM)
- Family Finding Efforts (FFE)
- Motivational Interviewing
- Family-to-Family (F2F) Core Strategies
- Humboldt Practice Model utilizing Safety Organized Practice (SOP) values, 23 practice behaviors and Family Team Meetings (which replaced Team Decision Making and Wraparound)
- Cultural training to staff
- Family Intervention Team (FIT)
- Children & Family Services Clinic (for CWS and Probation)
- Humboldt County Transition Age Youth Collaboration (HCTAYC)
- Transition Age Youth Division (includes HCTAYC, Independent Living Skills, Peer Support and co-location of CWS, Mental Health and Public Health staff)
- Mobile Engagement Vehicle (MEV)
- Street Outreach Services
- DHHS Office of Client and Cultural Diversity (OCCD)
- DHHS administered CalWORKs program
- Humboldt County's Superior Court's Healthy Alternatives Juvenile Court
- Probation Department's Regional Facility New Horizons Program

Current Evidence-Based Practices

The county utilizes a variety of EBPs to improve family/children outcomes in safety, wellness and permanency. Several EBPs are used by both C&FS and Probation, which are delivered by DHHS Mental Health staff. They include:

- Functional Family Therapy (FFT)
- Aggression Replacement Training (ART)

- Trauma Focused Cognitive Behavioral Therapy (TFCBT)

Additional EBPs that are utilized by C&FS include:

- Incredible Years (IY)
- Parent Child Interaction Therapy (PCIT)
- Nurse-Family Partnership (NFP)
- Integrated Dual Diagnosis Training (IDDT)
- Group Cognitive Behavioral Therapy of Major Depression
- Adolescent Community Reinforcement Approach with Assertive Continuing Care (ACRA/ACC)
- Seeking Safety (utilized by Healthy Moms and Mental Health programs)
- SafeCare
- Transition to Independence Process (TIP) Model

Probation also utilizes an EBP for risk/needs assessment called Positive Achievement Change Tool (PACT) for juvenile cases, as well as the Detention Risk Assessment Tool (DRAI) for detention cases.

Developing Initiatives and Practices

Other activities that are in the implementation process seek to improve outcomes for children and families:

- Humboldt Practice Model's incorporation of SOP values, 23 practice behaviors, Family Team Meetings, and related CWS system improvements
- Family Team Meetings replacing Wraparound and Team Decision Making
- Quality Parenting Initiative (QPI)
- Children & Family Services System of Care (SOC) Grant
- California Partners for Permanency (CAPP)
- High fidelity Wraparound services encompassing a broad spectrum of services to promote family stabilization for children/youth up to age 21 with mental health service needs, including children receiving post adoption services, transition age youth discharged from CSU, and juvenile wards placed at the Regional Facility or in Healthy Alternatives program, as well as some probation youth in out-of-home placements.
- Probation Disproportionate Minority Contact (DMC) Implementation
- Probation EBP Quality Assurance Program
- Probation Effective Practices in Community Supervision (EPICS) process
- Probation Comprehensive Information Management System Implementation

Goals, strategies, and action steps identified in the county's five-year SIP are expected to have a positive effect on improving targeted performance outcomes in the future, at least several years down the road. The action steps are phased in during years 2012 - 2017. The full impacts of these initiatives will likely not be seen immediately. Due to the nature of system change, it is possible that effects from the previous three-year SIP action steps will begin to start showing their positive impact on the outcome measures of reunification, entry/reentry, and placement stability, as well as indirectly on other performance outcomes in child permanency, least restrictive placements, and social worker visits.

The following section 3 provides status updates of C&FS and Probation SIP strategies and action steps. As progress takes place with these strategies and action steps, consolidating, refining and refocusing have been needed in some areas and may continue to occur in the future. Two key additions for C&FS new goal measures are increasing collaboration and integration, as well as Continuous Quality Improvement (CQI) development and implementation and for Probation new C1.1 outcome measure strategy 5 to improve timely reunification of youth and families.

3. Status Update of SIP Strategies and Action Steps

Goal: No Recurrence of Maltreatment (S1.1)

Strategy 1: Improve engagement with families earlier in the system.

Strategy Rationale: Family outcomes can be improved by successfully engaging families with respect and knowledge of family strengths/needs/culture and the intent to provide support for their safety, well-being and permanency.

Current Performance Comparison: Quarter 4, 2014, is 96.8% compared to CSA/SIP Baseline (Qtr 3/Qtr 4, 2011) of 90%/96%, and Target Improvement Goal of 97% or greater

A. Develop, train and Implement Humboldt Practice Model (HPM) , which includes Safety Organized Practice ~~(e.g. Signs of Safety or similar practice model)~~.	Target date: July 2013 and ongoing efforts Status: Done and ongoing

The Humboldt Practice Model (HPM) is a set of values, practices and tools to guide staff in engaging families, tribal communities and extended networks in a way that is responsive to culture and trauma. HPM is a system-wide change, with a foundation in Safety Organized Practice, to improve the experiences and outcomes of children, families, and community over generations.

Safety Organized Practice (SOP) has been adapted and incorporated as part of HPM. The purpose is to better engage families with a holistic approach to more available up- front services and community resources that build and strengthen partnerships with families. These are offered through three main objectives: 1) Family support team engagement with interviewing strategies, 2) Enhanced critical thinking by family support team with safety mapping strategies, and 3) Improved achievable safety goals, safety networks, and safety planning.

Humboldt Practice Model Foundational trainings were provided by UC Davis in April and August of 2013, April 2014, and more recently in March 2015 and another scheduled in June 2015. By the end of June, all CWS social workers and supervisors in emergency response, ongoing, placement, independent living services, and adoption units will have attended training on the Humboldt Practice Model, including cultural training. Several SOP follow-up modules were provided by UC Davis in June 2014 and April 2015 and there will be more scheduled in the near future. A SOP Group Supervision training was held November 4th and SOP in First Response training was held November 17, 2014.

The county continues to provide HPM trainings to new staff, coaching for staff to gain experience, and implement the practice model through several implementation phases over time. Cultural adaptations have been made to the foundational curriculum, tools, and some of the follow up modules based on input received from the participants and Tribal partners.

A series of HPM and SOP trainings and coaching workshops are in progress of being provided to child welfare supervisors and social workers by contracted cultural and SOP practice coaches and UC Davis trainers. The cultural coaches and SOP practice coaches are attending the unit meetings regularly to educate about culturally responsive practices and engagement and provide group and individual coaching as needed to CWS social workers and supervisors.

C&FS is building local capacity and sustainability to provide HPM and SOP training and coaching of staff on an ongoing basis instead of relying on outside trainers. The most recent March training focused on building a group of locally trained facilitators to build capacity and sustainability of HPM/SOP training. Attendees included C&FS supervisors, managers, and deputies, as well as cultural coaches.

Further adaptations and tools will continue to be developed for SOP follow up modules and enhanced to be culturally responsive and meet the unique needs of Humboldt families. DHHS has contracted with the National Council on Crime and Delinquency (NCCD) to provide Humboldt Practice Model Foundational Training (held March 24-27, 2015) for new CWS staff and Children's Mental Health staff, consultation on implementation of sustainability (starting with June 2015 meetings), and development of a Continuous Quality Improvement (CQI) implementation plan, in addition to executive and individual coaching and senior managers group work, all within an acceptance of multi-cultural awareness.

B. Develop and implement a protocol for collaborating with the Tribes prior to case opening.	Target date: July 2013 and ongoing Status: Done and ongoing

The standing court order has been made permanent with legislative updates to W&IC section 827, which includes the Tribes as partners with child welfare agency in sharing confidential information on dependency matters of Native American children. The standing court order protocol is being developed into a Desk Guide and ICWA Desk Guide. The protocol includes a referral form and describes the procedure for identifying tribe affiliation, tribe enrollment or enrollment eligibility, Tribe notification efforts, information sharing regarding reports of suspected child abuse and/or neglect, and collaboration efforts between CWS and Tribal Social Services. It continues to be revised and refined in procedural methods in communicating with the tribes.

The Department's County Counsel is in the process of developing a medical standing court order to give the county the ability to consent for medically necessary treatment of children when their parents cannot be found. Tribal authorize medically input is being sought in the development of this medical standing court order.

The CAPP Advisory Board also serves as a platform for continued relational work between

county and tribes for the Humboldt County C&FS System of Care grant and Yurok Circles of Care grant initiatives. This involves moving from a child welfare focus to an expanded child and family focus that includes Children's Mental Health. CAPP Advisory Board meetings continue to be held regularly with the local tribes, other agency and community partners, and county DHHS representatives. The purpose is to facilitate the exchange of information between the eight federally-recognized Native American Tribes in Humboldt County and county CWS, involving potential and active dependency matters of Native American children as defined by ICWA at 25 U.S.C. §1904. Another part of the discussion is how Structured Decision Making can adapt to be more culturally responsive. A CAPP advisory sub workgroup meeting was held in collaboration with tribes to facilitate cross sharing, define safety and risk factors, and discuss adaption of Structured Decision Making to be more culturally responsive. It is anticipated that future workgroup sessions will continue with the goal of enhancing collaboration. CWS/Tribe case staffing meetings continue to be held twice monthly with Wiyot and Yurok Tribe staff when needed regarding referrals and open cases involving children affiliated with the tribes. Most recently, monthly staffing with the Bear River Band of the Rohnerville Rancheria have also begun. Cases are prioritized and needs, services, and next steps are discussed. When possible, a combined CWS and tribal social worker in-person response is conducted during the referral investigation prior to case opening, with the goal of increasing collaboration, family engagement, active efforts, and improved outcomes for tribal children and their families. C&FS is exploring creating a regular meeting with Trinidad Rancheria's new social services manager to improve early and continuous collaboration with this tribe. The Karuk Tribe has an approved Title IVE plan and will have access to CWS/CMS case management. The county will continue to work in collaboration with the Karuk Tribe. Special project codes have been created in CWS/CMS for each tribe to help track tribal engagement and collaboration. Next steps are to finalize a Desk Guide for staff that also addresses the use of all special project codes, then train and monitor implementation of the tracking.	
C. Increase availability and referrals to existing integrated Mental Health services for children and families early in the CWS system.	Target date: July 2013 and ongoing Status: Done and ongoing

Extracting data on the utilization of Mental Health Screening Tool (MHST), including mental health referrals, assessments, and provision of mental health services, has been impeded by complexities with Mental Health's new client/service database management system (Avatar). As a result, CWS is relying on developing its own tracking of MHST and mental health assessments and services for reporting purposes, using CWS/CMS data and other document sources, until Avatar data can be programmed for data extraction. MHST reports are distributed monthly to social workers and their supervisors to ensure MHST special project code is being entered in CWS/CMS for monitoring purposes and as a mechanism to increase coordination within the system of care.

The state's All County Letter 15-11 announced the addition of a screening frame in CWS/CMS that includes the CAPTA's mandate of developmental and mental health referrals, screenings and plan intervention. The CWS and Children's Mental Health Deputies and Managers are problem solving around the feedback loop of the outcome of the screening and referrals so that designated CWS staff receive the information to be entered into CWS/CMS. Detailed instructions to train staff will be forthcoming.

In order to obtain a mental health assessment early in the CWS intake process, CWS procedure requires a MHST to be completed by the Emergency Response social workers for children in open CWS investigations that are promoted to an open CWS case, and then completed annually thereafter while case is open. The MHST procedure and form are being reviewed for improvement to include more timely and specific information that screens and conveys whether a referral to mental health for assessment is needed.

Related to Katie A Core Practice Model implementation, the Department's consultant, Lynn Thull and the National Council on Crime and Delinquency (NCCD), are assisting with folding in requirements with the HPM. In addition, C&FS has recently been accepted to participate with four other northern California counties in the development of a trauma screening tool, by the Chadwick Center for Children & Families (a hospital based organization of professionals dedicated to child advocacy and trauma treatment). This project is in its early stages and C&FS has participated on the first call to provide more detailed information to Chadwick Center on the MHST and mental health referral process, beginning in Emergency Response through the child welfare continuum.

C&FS has developed a desk guide and form for referral process to Adult Mental Health and drug treatment services for parents involved in CWS. Further work is needed to clarify the process for referral and release-of-information process for non-serious mentally ill children and/or family members, in coordination with community service providers. C&FS Administration and County Counsel are working to ensure legal appropriateness and more clarity in coordination of services.

As part of the Humboldt Practice Model, family team meetings will be utilized to provide intensive child and family mental health services (by Child Welfare Behavioral Health Unit

clinicians and case managers), especially to higher needs children and families that need more structure during parent and child interactions. These services may include individual and family/group therapy, plan development, case management linkage to services and rehabilitation.

C&FS Administration is working with consultant, Lynn Thull, to evaluate and recommend ways to coordinate mental health services for foster children and Katie A. eligible children. Forms and draft policies and procedures have been developed to track Katie A eligible children, authorization of services, development and updating of service plans, clients declining or discontinuing services, and the distribution of Katie A subclass information to staff.

As a result of the Katie A court ruling settlement, all counties in California are required to implement a cross-system Core Practice Model, provide Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) as medically needed to children who are either in foster care or at imminent risk of coming into care. All Program Managers, Supervisors, C&FS Clinicians and Case Managers have been trained in the Core Practice Model (CPM). Mental health Case Managers have been trained in the targeted case management aspects of ICC and are providing key elements of Intensive Care Coordination (ICC) services. Contracts with Changing Tides and Remi Vista for IHBS were executed in February of 2015 and referrals began in April.

From January to May 2015, approximately 8% of the CWS children are members of the Katie A. subclass, of which almost 92% are receiving targeted case management ICC. In 2014, 7% were identified as Katie A subclass members, of which 70% received ICC. Currently, there are no children receiving TFC and nine referrals have been made to IHBS.

According to Medi-Cal Eligibility Data System, from 2010 to 2013, there was a noticeable decrease in the percentage of eligible foster care youth receiving Medi-Cal mental health services; whereas, the approved claims per beneficiary during this same time period has increased. For foster care youth (ages 0 -5) the percentage that received mental health services decreased from 30% in 2010 to 22% in 2013, while the approved claims per youth increased from $5,000 to $5,616. For foster youth (ages 6 or older) the percentage that received mental health services decreased from 73% in 2010 to 55% in 2013, while the approved claims per youth increased from $13,500 to $14,443. Part of this reason is likely due to several factors: not all children and youth in open CWS cases warrant ongoing mental health services based on the screening tool used; CAPP work started during this timeframe and with it came more awareness of culturally appropriate services for tribal children, so given that 40% of youth in foster care are Native American, it is possible that they are receiving mental health services through a different provider; and staff turnover resulting in training needs. In addition, with the development of a plan to increase penetration rates, work is in progress to increase the amount of services billed by mental health clinicians.

~~**D.** Hire and train Parent/Family Partners to support families throughout the Child Welfare continuum.~~	~~Target date: December 2013~~ 2014 ~~and ongoing~~ ~~Status: deferred one year~~
CWS will explore this action step in the future when staff levels become more stable. In the mean time, two full-time and one part-time parent partners for adult mental health services have been hired.	
E. Explore opportunities to increase bilingual/cultural staff.	Target date: Ongoing 2013 – 2017 Status: Pending exploration
This is a longer term goal of the SOC grant project that seeks to achieve cultural and linguistic competence by employing bilingual employees that are trained in culturally appropriate practices and values. Possible recruitment may be through LatinoNet, representing Spanish speaking persons of different backgrounds and disciplines, or professional support groups for culturally diverse groups. The county will continue to explore opportunities to increase bilingual/cultural staff. For example, the SOC grant project is continuing to explore and partner with schools, colleges, and cultural communities to establish a "grow our own" project to develop interest and support for students of specific cultures or backgrounds (e.g.: Latino, Native American, former foster youth, mental health involved) to pursue education that would lead to a career path into the area of health and human services. Also, the county will offer PRIDE foster parent training sessions in Spanish.	

Goal: No Recurrence of Maltreatment (S1.1) - continued

Strategy 2: Increase use of family team approach.

Strategy Rationale: Family outcomes can be improved by increasing family team meetings that engage the family in decision making.

Current Performance Comparison: Quarter 4, 2014, is 96.8% compared to CSA/SIP Baseline (Qtr 3/Qtr 4, 2011) of 90%/96%, and Target Improvement Goal of 97%.

A. Train social workers and provide ongoing coaching to use Humboldt Practice Model ~~Safety Organized Practice or similar model~~ to explore with family their relationships and increase natural circles of support at case opening and throughout the case.	Target date: July 2013 and ongoing efforts Status: Done and ongoing

This action step now incorporates part of previous goal C1.1 Strategy 1A that had a similar objective to train and coach staff in identifying family circles of support with family at case opening as part of Humboldt Practice Model (HPM).

C&FS deputy directors, CWS program managers and supervisors attended a Coaching Institute training, including Safety Organized Practice model, as part of the CAPP project and HPM to promote ongoing coaching of Safety Organized Practice.

A series of HPM and SOP trainings and coaching workshops are being provided to CWS supervisors and social workers by contracted cultural and practice coaches and UC Davis trainers. The coaches are attending the unit meetings regularly and also provide group and individual coaching as needed to educate about culturally responsive practices and engagement, safety mapping, family team meetings, and families' circle of supports at case opening to increase the number of supports to the child/family.

The practice coaches are going to CWS unit meetings to provide HPM training and coaching workshops to supervisors. In addition, a series of four-hour HPM overview trainings are being provided to CWS supervisors and social workers to familiarize them with the 23 practice behaviors described in the model. This will be expanded to Children's Mental Health in the future.

More recently, a calendar is being used by social workers to schedule ER Family Team Meetings with experienced FTM facilitators while working to build their own facilitation skills.

B. Increase family meetings early and throughout the case to develop family/community/tribal support system and have supervisors coach staff during supervision to ensure family team meetings occur regularly.	Target date: July 2013 and ongoing Status: Done and ongoing

The eventual goal is for all social workers to utilize Family Team Meetings (FTM) with all of their families throughout the life of the case. Supervisors are being trained on how to coach staff to facilitate the meetings. FTMs have replaced Team Decision Making meetings (TDM) and can be used as a mechanism for providing wraparound services.

With the creation of a special project code in CWS/CMS to be entered whenever a social worker has a FTM, tracking FTM utilization has been possible, though not consistently being used at this time. Since beginning of 2014, SOP has been applied by trained social workers in 132 family team meetings for 93 children. This averages to 11 FTMs per month or 1.5 FTMs per child per month. This compares to 21 TDMs per month at beginning of 2014. We expect this number to increase with the filling of a Social Worker Supervisor position designated to receive training to be the primary FTM facilitator and to coach social workers to facilitate their own over time.

Most social workers have had the basic SOP Foundational training, however most staff have not had the SOP Family Meeting Facilitation follow-up modules and are not completely doing their own family meeting as of yet. In the meantime, some are learning via a three-part process of observing an FTM, then scribing for FTM, followed by practicing doing a FTM facilitation. Efforts are being made to bring the Family Meeting Facilitation modules to the county once again and address the need for continued training and coaching in this area. The plan is for social workers to try the Family Team Meeting in some of their cases, not all of them, so as to ensure implementation.

C&FS has devoted a part-time Social Service Aide to assist with Family Team Meeting scheduling, entry of meeting notes in CWS/CMS and entry of special project code and other related information.

C. Develop family meeting protocol and desk guide to ensure follow-through after the meetings.	Target date: ~~July December 2013~~ July 2015 Status: Postponed
A draft FTM Desk Guide has been developed in order to standardize and structure how, what and when the variety of family meetings can best be feasibly utilized to optimally assist children and families, while ensuring that all Katie A. eligible children are having regular ICC meetings in the FTM format. As previously stated, C&FS has contracted with a consultant, NCCD, to assist with developing a comprehensive implementation plan. Small workgroups will be developed to create structure for training, coaching, etc. that will include specific plans with time frames, responsibilities assigned to participants, monitoring, and evaluation. Initial Implementation Team Meetings are set to begin June 15 – 16 and June 29 – 30.	
D. Train and coach social workers to develop post reunification plan with family to facilitate shared understanding and agreement of support network roles and maintaining post-dependency circles of support for the child and family.	Target date: December 2016 and ongoing Status: In progress
This is a new action step that will promote after-care services and reduce the chance of recurrence and reentry in CWS.	
E. Evaluate results since implementation by using CWS/CMS special project code to see if family teams are occurring ~~being developed~~ and the impact on rates of recurrence of maltreatment.	Target date: July 2016 and ongoing Status: ongoing
Improvement needs to be made with consistent data entry of the Family Team Meeting special project code in CWS/CMS for monitoring purposes. Improvement is expected with the development of the Desk Guide and as more training and coaching occurs on this practice. The data so far shows FTMs have increased from 72 family team meetings for 55 children in January 2014 to 132 family team meetings for 93 children in May of 2015.	

Goal: Reunification within 12 months (C1.1)

Strategy 1: Increase the knowledge of birth families, care providers, partners, and agency staff about the effects of trauma on behavior and well-being.

Strategy Rationale: Service providers knowledgeable in the effects of trauma on behavior and well-being can contribute to better understanding of the needs of children and families and support for overcoming their challenges for successful reunification.

Current Performance Comparison: CWS (Quarter 4, 2014), is 63.3% compared to CSA/SIP Baseline (Qtr 3/Qtr 4, 2011) of 70.7%/77.2%, and Target Improvement Goal of 78.6%. **Probation** (Quarter 4, 2014), is 66.7% compared to CSA/SIP Baseline (Qtr 3/Qtr 4, 2011) of 33.3%/42.9%, and Target Improvement Goal of 57%.

A. Provide training to ~~every~~ ~~appropriate~~ new employees on the effects of trauma on parents and children (e.g. removal, historical, abuse/neglect, loss of loved ones, etc.). In addition, provide training twice per year to current employees and ongoing coaching to staff in order to incorporate it into practice.	Target date: Training for employees by July 2013 Status: Done and ongoing
As part of the Humboldt Practice Model training for all new C&FS staff, there is a Cultural Training that highlights the historical trauma local Native American tribes have endured, which includes the work of Dr. Kishan Lara-Cooper on multi-logical thinking as well as a lived experience panel of people from the tribal community that have been involved in the Child Welfare system. To be confirmed, this training will be held at least twice a year along with a training on the HPM 23 practice behaviors that also highlight the grief and loss experienced by most, if not all children and families in the CWS system of care. As a follow-up to the May 2013 training by Dr. Bruce Perry on neuro-developmental effects of trauma and self regulation techniques, there were several trauma focused trainings provided in late 2013 and Spring of 2014 provided by UC Davis for C&FS and Juvenile Probation workers. In collaboration with the Yurok Tribe's SAMHSA grant Circles of Care (COC), in March 2014, CWS social workers, mental health clinicians and case managers participated in the Native American Children's Trauma Informed Care Training, which was facilitated by Delores Bigfoot, PhD., with the Indian Child Traumatic Stress Network at the University of Oklahoma. The training focused on screening Native American children for trauma, overview of cultural adaptations of evidence-based interventions, historical trauma, and developing training for Native American families to address mental health and historical trauma that are culturally appropriate. Also, in October of 2014 a viewing of the Trauma, Addiction, Social Change Conference was sponsored by the Humboldt Office of Education. This film explored how Native American cultures, before colonization, created environments where children and families thrived, and the importance of rebuilding social networks and supportive traditions that have been	

pulled apart in modern times.

Trauma focused topics are also incorporated into the U.C. Davis Core training and Cultural Training, and the Adoption trainings held in the Spring of 2014. Supervisors are responsible for ongoing coaching of their staff.

Trauma-focused trainings need to be scheduled in 2015 to meet this action step.

In Spring 2015, Probation was awarded an Evidence Based Practice training grant to fund training provided by the Child Trauma Academy on the impacts of child trauma/neglect/poverty/abuse on adolescent brain development and juvenile justice involvement. The training will be provided to all juvenile probation officers and managers prior to June 2016.

B. ~~Provide trauma informed therapy to the entire family at the beginning of the case~~. Each child/family will be screened for indicators of trauma and need for trauma informed therapy, then a referral is made for mental health assessment.	Target date: July 2014 and ongoing Status: Done and ongoing

As previously stated, Humboldt County along with other Katie A Learning Collaborative Northern Region cohort counties, is working with the Chadwick Center (in San Diego) for technical assistance on ways to make the county's system more trauma-informed and to create trauma-informed screening and assessment tools for children and families.

The Child and Adolescent Needs and Strengths (CANS) module trainings were provided to mental health staff in December 2014 and January 2015. A plan is being developed to increase frequency of the CANS trainings to ensure CANS is being implemented. CANS is completed every six months by Mental Health clinicians to assess strengths and needs of children, which can then be used to inform treatment plans and needs, including trauma-related treatment and services.

As part of the Humboldt Practice Model, C&FS Family Team Meetings are designed to be a forum for identifying children and families' strengths/needs and matching them to available and effective needed services and treatments, such as trauma informed therapy to the family early on in the life of a case.

The MHST procedure and tool are being reviewed for improvement to include more timely and specific information that conveys whether a referral to mental health for assessment is needed.

Goal: Reunification within 12 months (C1.1) - continued

Strategy 2: Increase availability of Evidence-Based Practices for children and families.

Strategy Rationale: Increasing availability of effective services and practices based on evidence-based research can increase the child/family chances for successful outcomes.

Current Performance Comparison: CWS (Quarter 4, 2014), is 63.3% compared to CSA/SIP Baseline (Qtr 3/Qtr 4, 2011) of 70.7%/77.2%, and Target Improvement Goal of 78.6%. **Probation** (Quarter 4, 2014), is 66.7% compared to CSA/SIP Baseline (Qtr 3/Qtr 4, 2011) of 33.3%/42.9%, and Target Improvement Goal of 57%.

A. Build tribal/community partnerships to better coordinate service delivery to various populations.	Target date: Ongoing (2013 – 2017) Status: Done and ongoing

The SOC and CAPP grant projects continue efforts to improve tribal/community partnerships and services to children/families with mental health needs and to tribal children/families, respectively. The Bridges SOC grant project has awarded $360,000 in mini-grants to 18 community-based service providers in October 2014 and $200,230 to 11 service providers representing tribal, educational and non-profit entities. The intent is to improve and expand system of care service delivery through the county's community service providers. The CAPP project will track and evaluate improvements in coordination of services delivery, and also provide cultural trainings and coaching to C&FS staff throughout the year.

Several CAPP cultural trainings and other agency cultural trainings occurred in August and October of 2103; March, April and May of 2014; and January and May of 2015 for C&FS and Juvenile Probation staff, as well as tribal/community stakeholders. This training is provided twice per year and is part of induction training for CWS staff.

Refer to pages 39, 55-56, and 58 of this report for more SOC and CAPP contributions during 2014/15.

Probation continues to participate in the local Youth Disparities Reduction Collaborative, to further the goals of reducing disproportional representation of youth of color in the juvenile justice system.

In August 2014, Probation collaborated with local tribes and the coastal Indian Health Services clinic to provide a 4 day overnight cultural camp for Native American adolescent youth. The purpose of the camp was to introduce local cultural traditions and for youth to participate in activities designed to promote healthy lifestyle choices. A probation officer participated in the daily activities of the youth along with local Native elders and Native youth leaders in the community.

B. Explore additional EBPs to address adolescent alcohol and other drug (AOD) issues and select which EBPs to recommend for approval.	Target date: November 2012 – November 2013 Status: Done

A new evidence–based practice, called Adolescent Community Reinforcement Approach with Assertive Continuing Care (A-CRA/ACC), has been implemented to serve adolescents (12 to 22 years) with substance abuse or co-occurring disorders. The prior Matrix Model has been replaced by A-CRA, which better suits the supportive recovery needs of adolescents, including home visits and case management. Currently, A-CRA enrollment averages to about 1 youth per month.

Five DHHS staff participated in A-CRA training in May and November 2013, representing Children &Family Services, Transition Age Youth Division, and the Regional Facility. Two of the trained A-CRA staff are AOD counselors with Mental Health, however one is on leave and one is leaving in June. There is a need for Mental Health to ensure these positions stay filled on a timely basis to reduce the waiting list. Another one of the trained A-CRA staff is co-located at the Probation Department to improve client outreach. Data is being collected involving A-CRA tools utilized by Mental Health and the Regional Facility.

The county is negotiating contract services with a non-profit service provider to assist with A-CRA certification and consultation to provide A-CRA services to C&FS, TAY Division, and the Regional Facility. Certified supervisors can then train and certify others.

Probation continues to utilize the EBP Effective Practices in Community Supervision (EPICS) in order to reduce behavioral issues in adolescents. EPICS relies on a cognitive behavioral approach and relationship skills when engaging with offenders to reduce problematic behaviors. Proficiency boosters are held on a quarterly basis and monthly coding of sessions and subsequent coaching continue.

EPICS monitoring efforts at this point are focused on monitoring the probation officers using the model with fidelity. Probation administration will discuss with CDSS staff the feasibility of adding EPICS outcome measures to our System Improvement Plan in the future. Currently, EPICS is used by most juvenile probation officers who supervise family maintenance cases. The in-county placement officer also uses EPICS. Because the EPICS model relies on repetition and completion of homework by youthful offenders, the model was determined by Humboldt County staff to be inappropriate for use on out-of-county placement cases. The current out-of-county placement officer, however, is a trained EPICS coach who is very familiar with the model. She is able to use some elements of the model with those cases, but cannot use the model to fidelity due to the distance away of the youth.

C. Coach staff during supervision, staffing, and other training meetings on use of referrals to evidence-based practices.	Target date: December 2013 and ongoing Status: Done and ongoing

UC Davis Coaching Institute training was offered to certain managers and supervisors in June 2013, which provided the foundation for supervisor coaching to staff in family engagement, case management and service delivery, including referring clients to evidence-base practices and other effective services. Another training needs to be scheduled for the majority of supervisors and staff that have not received this training.

Currently, staff relies on their supervisor's experience and perceived client's need to provide education and referrals to clients on available EBPs. Having regular EBP trainings offered to staff will keep these EBPs more on the mind of supervisors and their workers as an important service option.

Probation prioritizes EBP training in its annual training plan. During this reporting period, juvenile probation staff attended Motivational Interviewing refresher training provided by UC Davis.

Additionally, all juvenile supervisors are required to attend a CPOC sponsored Supervisor Leadership Academy (SLA). SLA is designed to prepare first line Probation Department supervisors for their new role as change leaders within agencies undergoing the implementation of evidence-based practices (EBP.) The curriculum is designed to be delivered to groups of 24 students. The course consists of six sessions conducted over a period of six months. Each monthly session is two days long. Two of the three supervisors have completed the course. The third supervisor will finish the course in August 2015.

Implementation and use of EBPs is as an ongoing agenda item at bi-weekly Juvenile Probation Unit meetings.

D. Increase awareness of all care providers and staff with ~~quarterly~~ regular trainings on county EBPs offered by DHHS (e.g. Functional Family Therapy, Incredible Years, Parent Child Interaction Therapy, Nurse Family Partnership, Trauma Focused Cognitive Behavioral Therapy, Aggression Replacement Training, etc.).	Target date: Quarterly each year (2013 – 2017) Status: In progress

In addition to the current EBP training for new employees, discussions are in progress to improve and expand training of staff on the EBP referral process.

A couple of evidence based trainings were provided in 2013 to DHHS and Probation staff, and also care providers and community partners. They included, Evidence Based and Promising Practices Orientation, held in November of 2013, and Evidence Based Interventions and Treatments, held in December of 2013.

The DHHS Integrated Services Research & Evaluation (R&E) Unit is responsible for tracking and evaluating use and effectiveness of EBPs, as well as to provide EBP training upon request. An improved EBP reference sheet is utilized by R&E for training purposes and available for all CWS and Probation staff. R&E provided training on Evidence-based Interventions and Treatments in December of 2013 to C&FS staff.

As part of C&FS restart of the HPM implementation, more partnering between C&FS and the Department's TES unit will occur and will include teaming around outreach to care providers and information sharing to staff on the EBPs offered by the county. There were no EBP trainings offered in 2014/15 to existing staff or care providers, other than the EBP training provided to new employees. As part of new employee training across the Department, staff attend a training on all of the EBPs the Department provides for services to the community.

Probation provided motivational interviewing training in FY 14-15 to all juvenile probation officers. Probation is currently developing its annual training plan; this plan will include an emphasis on EBPs.

R&E prepared an At-A- Glance reference document describing EBPs utilized by the county, which may be included in what is used to educate staff and care providers.

E. ~~Educate the local court system on the benefits of serving youth and families using EBPs through Court Improvement meetings and In-Service meetings with Attorneys.~~ Evaluate and monitor EBPs on quarterly basis to identify utilization by EBP type.	Target date: Ongoing (2013-2017) Status: Being explored further

C&FS and Probation are discussing ways to improve availability of EBP trainings, as well as monitor and evaluate EBP utilization for more effective EBP decision making and usage.

The TES Unit in coordination with the R&E Unit will coordinate and monitor EBP training in consultation with C&FS and Probation administration. Quarterly R&E status reports on all the county's EBPs are currently distributed to C&FS management. These status reports include all children/families referred to and receiving EBP services (not just CWS/Probation participants). In the future, status reports will need to differentiate CWS and Probation participants from other participants in order to better monitor and evaluate referrals and services received for this population.

Probation continues to use a training Powerpoint presentation (developed by the University of Cincinnati School of Criminal Justice) for orienting new employees and stakeholder groups on the benefits of utilizing EBPs. This action step continues to be explored by C&FS and Probation.

Goal: Reunification within 12 months (C1.1) - continued

Strategy 3: Expand recruitment, training and support of foster families and ~~the mentor program~~ to all care providers**.**

Strategy Rationale: Expansion of mentoring to all care providers can increase the skills and supports offered to children and families for better outcomes.

Current Performance Comparison: CWS (Quarter 4, 2014) is 63.3% compared to CSA/SIP Baseline (Qtr 3/Qtr 4, 2011) of 70.7%/77.2%, and Target Improvement Goal of 78.6%. **Probation** (Quarter 4, 2014) is 66.7% compared to CSA/SIP Baseline (Qtr 3/Qtr 4, 2011) of 33.3%/42.9%, and Target Improvement Goal of 57%.

A. ~~Provide annual trainings and ongoing support to foster families, relatives and NREFM care providers on mentoring birth parents to strengthen parenting skills~~. Increase the number of foster care homes and tribal families available in the county.	Target date: December 2013 and ongoing Status: Done and ongoing

The Quality Parenting Initiative (QPI) meetings are held monthly to provide a forum for bringing together ideas from DHHS/Probation staff and management, care providers, and community partners on ways to recruit and maintain a high quality of resource families. Over the last several years, the QPI focus has shifted from ways to support new/existing resource families to more recruitment of new resource families and making the process to become a foster parent easier and less complicated.

Placement trends over the last few years for the two most common placement types show the number of children placed with Rel/NREFMs have increased from an average of 94 in 2012 to 100 in 2015 and the number of foster family homes have decreased from an average of 82 to 76 over same time period. However, more recently there has been a significant increase in foster homes to 84 homes as of May 2015 (the largest number of homes since July 2005).

One of the main reasons for this increase is due to the county hiring a part-time experienced social worker dedicated solely to the recruitment of foster families. This staff person has significantly increased the number of families going through the licensing process, where currently there are 40 prospective foster homes going through various stages of the licensing process and 12 additional prospective foster parents have submitted their licensing applications to the state's Community Care Licensing.

Also, DHHS has created a dedicated foster family recruitment hotline, which is answered by the foster family recruitment social worker who answers the caller's questions, puts them in touch with information about how to become a foster family, invites them to attend orientation, and connects them with a foster parent recruitment liaison to ease their way through the licensure process. Also, a document is being developed to summarize the step-by-step process of becoming a foster parent.

New recruitment strategies are currently being developed and with participation from DHHS community partners, in addition to traditional recruitment advertisements run in local publications and numerous recruitment events held throughout the community to promote awareness of the current need for new foster family homes.

Over the past year C&FS collaborated with the Tribes to recruit and pre-approve over 20 families in the Hoopa Valley for tribally specified home placements to allow Native American children to remain in their communities of origin. Recently three Tribal children have been placed in these homes. There have been 10 fingerprinting events held, a resource closet was provided in Hoopa, and trainings were brought to the valley. We are working closely with the Hoopa and Yurok tribes**,** and reaching out to other tribes in the county, to locate homes that could be pre-approved for emergency and long-term tribal placements.

B Increase ~~recruit~~ support and training of ~~and assign~~ experienced care providers to mentor~~s~~ and support other new care providers ~~to relatives and NREFMs that provide care to children~~.	Target date: Dec. 2013 and ongoing Status: Done and ongoing

Monthly QPI meetings provide a forum for exploring and initiating ways to increase support and mentors for resource families, in addition to increasing recruitment of foster families and tribal families, with assistance from the Foster Parent Association. Focus areas include: creating a Frequently Asked Questions sheet and Welcome Letter, developing a list of training topics to be facilitated by College of the Redwoods on a quarterly basis, creating a child information binder for initial placements, and distributing the updated Foster Parent Guide to new and existing foster families.

Also, two work groups have been formed to brainstorm supports and solutions for two issues identified at QPI meetings: Improving Issues/Challenges/Barriers for Teens and Their Placements and Mentoring Bio Parents to explore EBP training for foster parents around functional communication between foster parent and bio-parent when doing parent/child visitation. These work groups meet independently of the main QPI group on a monthly basis.

There are currently 22 foster parents assigned to seven mentors. Two relative/NREFM families with several years of experience have been trained as mentors and assigned to mentor relative/NREFM families. At this time, only one mentor is available to provide mentoring to relative/NREFM families.

C&FS is currently participating in a curriculum development work group headed by College of the Redwoods (CR) Foster & Kinship Care Education Program in order to review current Foster & Kinship Care curriculum and collaborate with CR to make recommended improvements to the training curriculum. As well the CAPP Advisory Board is creating a foster parent priority training list for Therapeutic Foster Care.

Monthly support group meetings for relative/NREFMs are sponsored by the CR Foster & Kinship Care Education Program and facilitated by a C&FS supervisor. CR and C&FS are meeting with caregivers and community members in Hoopa to establish monthly meetings that explores ways to provide culturally trained trainers/facilitators at the Hoopa campus.

An Eastern Humboldt Foster Parent support group has begun meeting in Hoopa.

Probation uses the same pool of foster parents as CWS; therefore, mentors are also available to foster parents who foster probation youth. Of the Probation youth placed in local foster homes, most are placed with experienced foster parents who do not have assigned mentors. If Probation has a relative/NREFM who would benefit from a mentor, then a mentor could be requested via CWS.

Additionally, the probation placement officer participates in QPI meetings and foster care recruitment, retention, and training activities.

Goal: Reunification within 12 months (C1.1) - continued

Strategy 4: Improve identification and documentation of child/family strengths**.**

Strategy Rationale: Better reunification outcomes for children and families can be achieved by Identifying and documenting child/family strengths early on when report comes in and throughout the case. These strengths can be incorporated into family meetings, case plans, and court reports in order to improve identification of resources, action steps, and delivery of services for children and families.

Current Performance Comparison: CWS (Quarter 4, 2014), is 63.3% compared to CSA/SIP Baseline (Qtr 3/Qtr 4, 2011) of 70.7%/77.2%, and Target Improvement Goal of 78.6%. **Probation** (Quarter 4, 2014), is 66.7% compared to CSA/SIP Baseline (Qtr 3/Qtr 4, 2011) of 33.3%/42.9%, and Target Improvement Goal of 57%.

A. ~~Work with the local court system to change language in court reports to include child and family strengths.~~	~~Target date: July 2014~~ 2015 ~~Status: deferred one year~~
This action step has been deleted in order to focus more on the next action step in this strategy.	
B. Add to ~~Edit~~ court report ~~templates to include space for~~ a discussion of child and family strengths. Provide Spanish interpretation if needed.	Target date: July ~~2014~~ 2015 Status: Done and ongoing
Detention reports now have a narrative section where child/family strengths are described by the Social Worker. This was developed and implemented and is being monitored by the Court Intake Unit Supervisor. Status review reports still need to have this child/family strengths section added.	
C. Train and coach staff to identify and document child/family strengths in case staffing, family meetings, and in case plans.	Target date: July ~~2014~~ 2015 Status: Done and ongoing
As part of the SOP training and coaching workshop series, child welfare supervisors and social workers are being educated on identifying and documenting child/family strengths in case staffing, family meetings, and case plans. The primary way child and family strengths are identified and documented is through safety mapping and Family Team Meetings where the questions of what is working well and protective factors are answered.	

D. Train and coach staff to improve identification and information gathering of child/family strengths and what is working well at the hotline level when report comes in.	Target date: July ~~2014~~ 2015 Status: deferred one year
The Emergency Response screener intake template has been revised to include a Word-based narrative section where screener incorporates SOP methodology of questions and answers identifying for example, what is working well, tribal affiliation, harm/danger factors, and next steps to solve the problem or improve the situation, etc. This revised intake template is currently being used by screeners and revised for refining. The goal is that all staff will use this template when screening calls during business hours, as well as during on call. A Desk Guide was finalized in December of 2014 on Safety Planning for Immediate Safety Threats, as well as a corresponding Safety Plan form, to help the social worker mitigate safety threats for at-risk children and families if possible. A safety plan uses Humboldt Practice Model techniques and Family Team Meetings to help engage children and families in mitigating their safety threats.	
E. Evaluate whether ~~results since time of implementation to see if~~ child and family strengths (and what is working well) are addressed in court reports, case staffings, family meetings, and case plans during federal case file review process ~~and also effect on time to reunification~~	Target date: July 2015~~6~~ and ongoing Status: Done and ongoing
In addition to the evaluation criteria used for the federal case file review process beginning August 31, 2015, there will also be a review of whether child/family strengths (and what is working well) are described in narrative form in court reports, case staffings, family meetings, and case plans.	

Goal: Reentry Following Reunification (C1.4)

Strategy 1: ~~Increase post reunification family supports~~

~~Strategy Rationale:~~ ~~Increasing post reunification family supports can improve outcomes for children and families and reduce chance of reentry in CWS.~~

~~Current Performance Comparison:~~ ~~Quarter 4, 2014, is 24.4% compared to CSA/SIP Baseline (Qtr 3/Qtr 4, 2011) of 19.1%/32.2%, and Target Improvement Goal of 18.6%.~~

A. ~~Train and coach staff to identify families' circle of supports at case opening using processes such as mapping and working with family to increase the number of support people throughout the case.~~	Target date: ~~December 2014~~ ~~and ongoing~~ Status Combined with S1.1 Strategy 2 A
Refer to Goal S1.1 Strategy 2A which incorporates this action step.	
B. ~~Train and coach social workers to develop post reunification plan with each family that facilitates a shared understanding and agreement of support network roles and commitment in maintaining post-dependency circles of support for the child and family.~~	Target date: ~~December 2014~~ ~~and ongoing~~ Status: Combined with S1.1 Strategy 2 D
Refer to Goal S1.1 new Strategy 2D which incorporates this action step	
~~C.~~ ~~Evaluate results since implementation to see if after care planning occurs and its effects on reentry rates~~.	Target date: ~~July 2016~~ ~~and ongoing~~ Status: Combined with S1.1 Strategy 2E
Refer to Goal S1.1 Strategy 2E which replaces this action step	

Goal: Reentry Following Reunification (C1.4)

Strategy 2: ~~Enhance teaming by various disciplines and improve service delivery to children and families.~~ Increase DHHS integration across C&FS Division.

Strategy Rationale: Increasing integration and structurally enhancing C&FS Division can improve service options and outcomes for children and families.

Current Performance Comparison: Quarter 4, 2014, is 24.4% compared to CSA/SIP Baseline (Qtr 3/Qtr 4, 2011) of 19.1%/32.2%, and Target Improvement Goal of 18.6%.

A. ~~Develop integrated teams that include county staff assigned to geographic regions in the county (e.g. located at local FRCs).~~ Implement full co-location of C&FS multi-disciplinary staff in new building.	Target date: ~~December 2012~~ ~~August 2014 and ongoing~~ December 2015 and ongoing Status: In progress
Full co-location of C&FS staff is projected to occur by the end of 2015 (give or take*).* Full co-location of C&FS staff is projected to occur by the end of 2015. Housed together in one large building will be CWS, foster care Public Health Nursing, Child Welfare Behavioral Health staff, as well as Children's Mental Health Clinic staff, Women Infants & Children (WIC), Nurse Family Partnership, and the Family Connection Center where supervised visitation occurs. See attached C&FS organizational chart.	
B. ~~Link these teams to other tribal/community partners within their geographic areas to serve children/families in an integrated and holistic way.~~ Structure C&FS Division to allow for sufficient staff and service delivery that are integrated and responsive to geographic area resources and needs.	Target date: ~~December 2013~~ ~~August 2014 and ongoing~~ December 2016 and ongoing Status: In progress
The Humboldt County Board of Supervisors has hired a consultant, W. Brown Creative Partners, to review the organizational structure of DHHS and also the DHHS Director's position and function in preparation for county hiring of a new DHHS Director at the end of 2015 when the current director will retire. The consultant will conduct a variety of surveys and discussion forums involving county staff, client and community to obtain ideas and suggestions in the process. The consultant then will make recommendations to the Board of Supervisors for action. In response to high case loads, staff turnover, and shortage of social workers, CWS has been actively filling vacancies through continuous recruitment until positions are filled. Since early 2014, CWS had hired ten SW IVs and five SW IIIs, six Social Service Aides, and five extra help workers. There are 64 SW IV/III positions allocated to CWS, of which currently there are four SW IV vacancies. In addition, the Family Maintenance (FM), Family Reunification (FR), and Permanency Planning (PP) service units were restructured to	

become Ongoing units that carry FM, FR, and PP cases in order to balance the workload between these units over time. The CAPP project team is working closely with the SOC grant team to establish a plan for geographically assigning integrated teams and linking them to tribal/community partners within their geographic areas, such as Hoopa and Garberville areas.	
~~**C.** Evaluate results of implementation to see if improved teaming and service delivery occurs and its effects on reentry rates~~.	Target date: ~~July 2016 and ongoing~~ Status: In progress
No evaluation measure is needed for the above action steps.	

Goal: Reentry Following Reunification (C1.4)

Strategy 3: Improve accuracy of placement episode data entry in CWS/CMS.

Strategy Rationale: Improving data entry accuracy of placement episode information in CWS/CMS can more accurately represent family outcomes.

Current Performance Comparison: Quarter 4, 2014, is 24.4% compared to CSA/SIP Baseline (Qtr 3/Qtr 4, 2011) of 19.1%/32.2%, and Target Improvement Goal of 18.6%.

A. Provide training to Supervisors, Social Workers, and Data Entry Operators on data entry in CWS/CMS ~~twice a year~~ annually.	Target date: ~~January~~ December 2013 Status: Done and ongoing
The county has installed 14 new computers in the computer training lab for holding ongoing CWS/CMS trainings. In addition, case workers will continue to receive CWS/CMS educational emails with screen shots of step-by-stop CWS/CMS data entry instructions, as well as desk guide procedures on CWS/CMS techniques on an ongoing basis. CWS/CMS training will need to be scheduled for new workers. The new building location will also have a training lab with 14 computers available for training. The analysts assigned to the programs in CWS will also provide one-on-one training to staff on specific data entry requirements.	
B. Run quarterly reports to examine accurate data entry on children and youth that have reentered out of home care.	Target date: March 2013 Status: Done and ongoing
In addition to quarterly data reports that are extracted for federal outcome measures, CWS and Probation also rely upon the web-based SafeMeasures database application as part of its quarterly review of performance outcomes and quality assurance system. SafeMeasures uploads CWS and Probation case information from CWS/CMS every few days to generate compliance reports on the federal measures and other information that assist with review of case management activities. These reports have the ability to drill down to the individual case level, which are analyzed for data entry accuracy on children/youth that have reentered out of home care. Of particular focus is whether placement episodes were ended properly. If errors are found, efforts are made to correct them. If the error is not correctable (e.g. case is already closed), then training is provided to case workers and clerical data entry operators to educate them on proper data entry. To clarify, placement episode should be closed only in the following circumstances: • A child reunified (which includes leaving a placement episode to unite with a noncustodial parent, who is assuming physical custody of the child	

- The child's dependency or delinquency was dismissed and the case is being closed
- The child's adoption was finalized
- The child deceased

Unless one of these four conditions has been met, a placement episode should remain open regardless of a change in legal authority for the placement, the agency responsible or the placement facility type. The placement episode should remain open if the child has run away, been abducted or placed for adoption. If a child leaves and out-of-home placement due to incarceration or hospitalization, a non-foster care placement facility should be created within the same placement episode.

C. Evaluate ~~results from time of implementation to see if~~ data entry accuracy ~~has improved~~ and its effect on reentry rates and other performance measures needing improvement.	Target date: July 2016 Status: Done and ongoing

On a quarterly basis, CWS and Probation will review federal CFSR performance measures in SafeMeasures and U.C. Berkeley data for any data entry issues in CWS/CMS. Further review of case details may need to be conducted to determine the factors involved with the data entry issues. Social workers, their supervisor and CWS program managers will be notified of the issue and training will be provided to staff to avoid future data entry errors.

4. Challenges to Future Implementation of Strategies/Action Steps

The County of Humboldt fares better than many other California counties in terms of more flexible funding due to DHHS integration and staff movement flexibility; however, some of the county's main obstacles facing future implementation of SIP strategies and action steps relate to limited work force and financial resources to address the numerous needs and challenges experienced by at-risk children and families. Even with all the county's EBPs, best practices, and initiatives, there are challenges related to family complexities (history, characteristics, dynamics, historical trauma) and due to the county's rural and remote geographic nature.

Further challenges are related to the implementation of the new Humboldt Practice Model, pursuing more co-location and physical integration of the DHHS Children & Family Services with components of social services/CWS, mental health, and public health. Implementation science informs us that it takes three to five years to fully implement major changes to a system. While many of the SIP strategies directly correlate with implementing our practice model, unanticipated challenges will be experienced that will cause us to reevaluate and adjust, thus causing changes to our action steps and timeframes. Priorities may need to shift due to competing attention from other related initiatives as well.

5. Other Outcome Measures Not Meeting State and/or National Standards

Other federal CFSR outcome measures that have current levels below national standard include C1.3 Reunification Within 12 Months (Entry Cohort), C2.4 Legally Free Within 6 Months (17 Months in Care), and C2.5 Adoption Within 12 Months (Legally Free), also C4.1 Placement Stability (8 Days to 12 Months in Care) and C4.3 Placement Stability (At Least 12 Months in Care).

With regard to the reunification measure there are periods of improvement and proximity to national standard, whereas placement stability measures shows indication of outcomes being consistently below national standard or showing negative trends. As for the adoption measures, even though currently these rates are below national standard, the trend shows that the majority time, performance outcomes are above the national standard.

Reunification Within 12 Months for First Time Entry Cohort (C1.3)

Analysis of this measure from U.C. Berkeley data (Qtr 4, 2014) shows 83.3% (46 out of 54) of youth that did not reunify after 12 months in foster care (for first time entry cohort), range in age from infant to 17 years, with mostly general neglect and some physical abuse allegations, of mainly White (Caucasian) or Native American ethnicity, living predominantly in Eureka and Hoopa areas, and placed mostly with kinship, but also foster homes or foster family agency. There is a tendency to take greater than 12 months to reunify particularly in kinship and foster home placements, where parents may be undergoing domestic violence counseling and substance abuse treatment.

A 10% random sample of 45 children that did not experience reunification within 12 months (for first time entry cohort) were reviewed to determine whether certain factors were prevalent in these cases. Of this sample, 40% of the cases were selected to have primary ethnicity of Native American to reflect the ethnic disproportion of the foster care population. This research showed as follows.

Of the four cases reviewed for C1.3 measure, where reunification within 12 months (entry cohort) did not happen, the following characteristics are observed:

- Ages 2 to 5 years
- Allegations of 50% general neglect, 25% emotional abuse, and 25% substantial risk
- Removal location in Eureka, Hoopa, and Garberville
- Placement location in Eureka and Orleans
- Multiple previous referrals in 75% of cases
- Average of two placement changes
- Type of placement with relative or foster home
- Average of three different primary social workers assigned over life of case
- Regular frequency of face-to-face visits were completed for all cases
- Mental Health issues were observed in children for 50% of cases
- AOD/Mental Health related issues were observed in at least one parent for all cases
- Homelessness was evident in all the cases
- Types of services received by 50% of the parents were parenting classes, domestic violence/anger management classes, and AOD counseling/treatment. Other services provided included basic supports and public health field nurse home visits.

Legally Free Within Six Months – 17 Months in Care (C2.4)

Analysis of this measure from U.S. Berkeley data (Qtr 4, 2014) shows 95% (38 out of 40) of youth that were not legally free within six months (after being in care 17 months,) range in age from 1 to 17 years (especially 11-15), of predominantly Native American and Caucasian (White) ethnicity, and some Latino and African American (Black), living predominantly in Eureka and placed mostly with kinship, but also foster home, foster family agency, guardianship, group home or in a shelter.

A 10% random sample of 38 youth that were not legally free for adoption within 6 months (after 17 months in care) were reviewed to determine whether certain factors were prevalent in these cases. Of this sample, 40% of the cases were selected to have primary ethnicity of Native American to reflect the ethnic disproportion of the foster care population. This research showed as follows.

Of the four cases reviewed for C2.4 measure, where children were not legally free for adoption within 6 months (after 17 months in care), the following characteristics are observed:

- Ages range from 14 to 18 years
- Allegation predominantly of general neglect
- Removal locations in Eureka, Hoopa, Fortuna, and Rio Dell
- Placement locations in Eureka, Rio Dell, and McKinleyville
- Multiple previous referrals in 75% of cases

- Average of five placement changes
- Type of placement predominantly with relative or foster home
- Average of six different primary social workers assigned over life of case
- Regular frequency of face-to-face visits were completed for all cases
- AOD/Mental Health issues (including psychotropic medications) were observed in children for 50% of cases
- AOD/Mental Health issues (including psychotropic medications) were observed in at least one parent for 50% of cases
- Homelessness was evident in 25% of the cases
- Types of services received were Functional Family Therapy, Health Moms program services, Wraparound services, domestic violence classes, crisis intervention, family mediation, and basic supports (e.g. subsidized child care, transportation, etc.)

Adoption Within 12 Months – Legally Free (C2.5)

Analysis of this measure from U.S. Berkeley data (Qtr 4, 2014) shows 51.6% (16 out of 31) of youth that were not legally free within six months (after being in care 17 months), range in age from 1 to 10 years, with predominantly Caucasian (White) ethnicity and some Native American and Latino, living predominantly in Eureka and placed with kinship or foster home.

A 10% random sample of 16 children that were not adopted within 12 months (that are Legally Free) were reviewed to determine whether certain factors were prevalent in these cases. Of this sample, 40% of the cases were selected to have primary ethnicity of Native American to reflect the ethnic disproportion of the foster care population. This research showed as follows.

Of the two cases reviewed for C2.5 measure, where children were not adopted within 12 months (that are Legally Free), the following characteristics are observed:

- Ages range from 2 to 6 years
- Allegation of general neglect in all cases
- Removal locations in Myers Flat and McKinleyville
- Placement locations in Eureka, McKinleyville, and Blue Lake
- Multiple referrals in 50% of cases
- Average of 1.5 placement changes
- Type of placements mostly with foster homes
- Average of four different primary social workers assigned over life of case
- Regular frequency of face-to-face visits were completed for all of the cases
- AOD/issues were observed in children for 50% of cases
- AOD issues were observed in at least one parent for all of cases
- Homelessness was evident in all the cases
- Types of services received were Healthy Moms, AOD counseling/treatment, and basic supports

Long Term Care: Exits to Permanency – 24 Months in Care (C3.1)

Analysis of this measure from U.S. Berkeley data (Qtr 4, 2014) shows 77.3% (34 out of 44) of youth that were not discharged to a permanent home by the last day of the year (prior to turning 18) who had been in foster care for 24 months or longer, range in age

from 1-17 years (mostly older youth), with predominantly Caucasian (White) and Native American ethnicity, living in Eureka or Hoopa, and placed mostly with kinship, but also foster homes, foster family agency, group home, guardianship, or in a shelter.

A 10% random sample of 34 children that did not exit to permanency (after 12 months in care) were reviewed to determine whether certain factors were prevalent in these cases. Of this sample, 40% of the cases were selected to have primary ethnicity of Native American to reflect the ethnic disproportion of the foster care population. This research showed as follows.

Of the three cases reviewed for C3.1 measure, where children did not exit to permanency (after 24 months in care), the following characteristics are observed:

- Ages range from 14 to 16 years
- Allegation of general neglect in all cases
- Removal locations in Eureka and Hoopa
- Placement locations in Eureka and Hoopa
- Multiple previous referrals in all of cases
- Average of nine placement changes
- Type of placement mainly with relatives, but also foster home, foster family agency, group home, court specified home, shelter or juvenile hall
- Average of five different primary social workers assigned over life of case
- Regular frequency of face-to-face visits were completed for all of cases
- AOD/Mental Health issues (including psychotropic medications) were observed in children for all of cases
- AOD/Mental Health issues were observed in at least one parent for all cases
- Homelessness of parents was evident in 67% of cases
- Types of services received were AOD /mental health counseling/treatment, parenting classes, domestic violence/anger management classes, wraparound, crisis intervention, and basic supports

Placement Stability – 8 Days to 12 Months in Care (C4.1)

Placement stability is an outcome measure that shows a need for continuous improvement. The percent of foster youth experiencing two or fewer placements while in care is the basis of this measurement.

Analysis of this measure from U.S. Berkeley data (Qtr 4, 2014) shows 15% (26 out of 174) of youth that were in foster care 8 days to 12 months with more than two placement settings, ranged in age from infant to 17 years (majority in 3-5 or 11-15), of predominantly Caucasian (White) or Native American ethnicity and some Latino and African American (Black), and placed mainly with kinship or foster homes and some group home or shelter.

A 10% random sample of 26 children that had more than two placements (with 8 days to 12 months in care) were reviewed to determine whether certain factors were prevalent in these cases. Of this sample, 40% of the cases were selected to have primary ethnicity of Native American to reflect the ethnic disproportion of the foster care population. This research showed as follows.

Of the three sample cases reviewed for C4.1 measure, where there were more than two placements per child (for children in care 8 days to 12 months), the following characteristics are observed:

- Ages range from 3 to 13
- Allegation of general neglect in all cases
- Removal locations in Eureka and Ferndale
- Placement locations in Eureka and Fortuna, but also Blue Lake, Arcata, and Rio Dell
- Multiple previous referrals in 66.6% of cases
- Average of 6 placement changes
- Type of placement mainly with relative or foster home, but also tribe specified home, group home or shelter
- Average of 3 different primary social workers assigned over life of case
- Regular frequency of face-to-face visits were completed for all of cases
- Mental Health (including psychotropic medication) issues were observed in children for 33% of cases
- AOD/Mental Health issues were observed in at least one of the parents in majority of cases
- Homelessness was evident in most of the cases
- Types of services received were AOD/mental health counseling/treatment, parenting classes, wraparound services, domestic violence/anger management classes, and basic supports

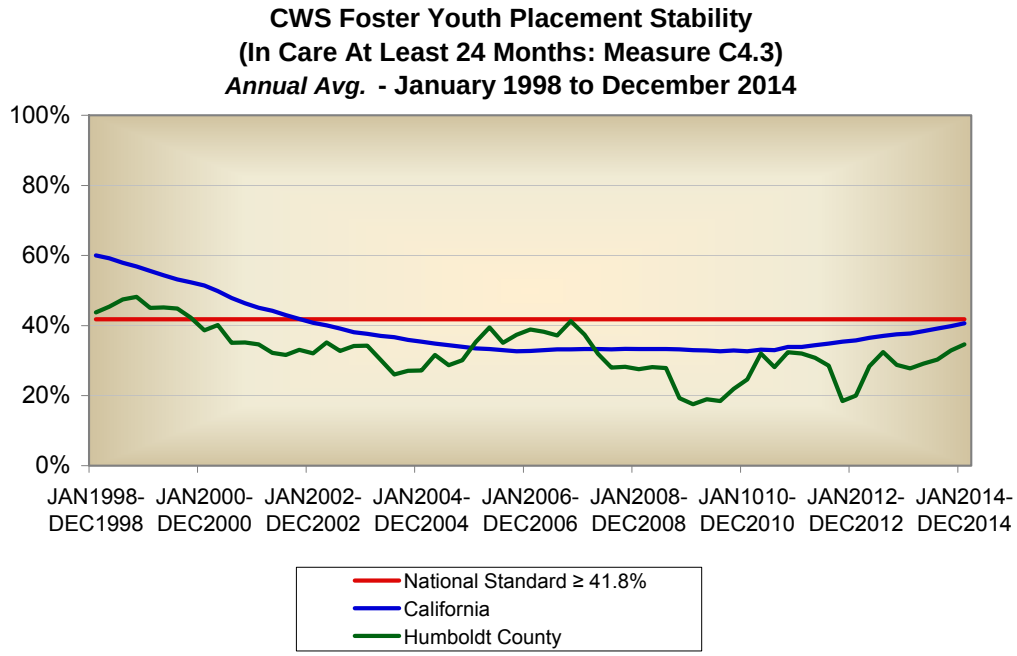
Placement Stability – 12 to 24 Months in Care (C4.3)

Outcome measure C4.3 (Placement Stability in Care At Least 24 Months) is one of the county's previous SIP goals and remains a focus for system improvement. This measure shows percent of foster youth experiencing two or fewer placements while in care. This measure has shown some improvement over the last several years, though still shows need for improvement.

CWS

The following chart shows Placement Stability outcome measure for Humboldt County CWS children in out-of-home care at least 24 months. Placement stability has been a challenge for CWS. Over the last 15 years, a general downward trend has taken place in this measure. Periods of improvement have occurred on occasion, particularly in 2005/06. In the last several years, this measure has leveled at a lower rate than preferred. Due to the inconsistency in this outcome there continues the need for improvement.

Currently, the placement stability rate for two or fewer placements is 27.8% (20 out of 72 youth), which has not changed much since the CSA base line level (Qtr 3 2011) and the SIP base line level (Qtr 4 2011), and it is considerably below the national standard of 41.8% and the statewide rate of 37.7 percent. However, the most recent annual trend in the last year is heading upward in the right direction.



Source: UC Berkeley CWS Outcome Summary
Q4, 2014 (04/07/2015)

Analysis of this measure from U.C. Berkeley data (Qtr 4, 2014) shows 65.4% (51 out of 78) of youth that were in foster care 8 days to 12 months with more than two placement settings, ranged in age from 1 to 17 years (mostly 11-17), of predominantly Native American ethnicity and Caucasian (White,) and placed mainly with kinship, foster family agency, or group home. It is noticed that fewer placement changes occur for younger children and those that are placed in kinship homes.

A 10% random sample of 51 children that had more than two placements (with at least 24 months in care) were reviewed to determine whether certain factors were prevalent in these cases. Of this sample, 40% of the cases were selected to have primary ethnicity of Native American to reflect the ethnic disproportion of the foster care population. This research as follows.

Of the five sample cases reviewed for C4.3 measure, where there were more than two placements per child (for children in care at least 24 months), the following characteristics are observed:

- Ages range from 6 to 14
- Allegation of general neglect in almost all cases
- Removal locations in Eureka, Fortuna, and McKinleyville
- Placement locations in Eureka, Arcata, McKinleyville, Fortuna and Scotia
- Multiple previous referrals in all of the cases
- Average of 3.6 placement changes
- Type of placement mainly with relative or foster home, and also foster family agency, shelter and group home
- Average of five different primary social workers assigned over life of case

- Regular frequency of face-to-face visits were completed for almost all of cases
- Mental Health issues were observed in children in 40% of cases
- AOD/Mental Health issues were observed in at least one of the parents for most of the cases
- Homelessness was evident in most of the cases
- Types of services received were AOD/mental health counseling/treatment, parenting classes, wraparound, crisis intervention, and basic supports

CWS efforts to improve placement stability are being pursued through a variety of ways and are expected to continue during the five-year SIP. Key efforts include the following.

SOC grant implementation goals and Katie A. implementation improvements seek to promote more accessible wrap-like services to children that are hard to place due to mental health needs. As a result, Behavioral Health case managers are being trained to facilitate wrap-like meetings for families whose children are at risk of higher level of care.

CWS is pursing diversifying the purpose of family conference meetings by using Safety Organized Practice family team meetings to replace and build upon the lessons learned from Team Decision Making in order to improve placement stability.

A dedicated full-time worker (previously half-time) is assigned to do relative and extended family searches early in the case to establish family supports that can promote placement stability if needed.

Foster care behavioral health services for children and their families have been expanded to all CWS families via family team meetings. The next major step is to seek more accessible geographically decentralized mental health services for children/families that are provided by integrated/co-located teams assigned to more rural areas of the county that need services (e.g. Hoopa and Garberville).

Humboldt County DHHS leadership continues to work on strategic planning to support and sustain CAPP implementation and integrate local practices with the Humboldt Practice Model to support and sustain continuous quality improvements.

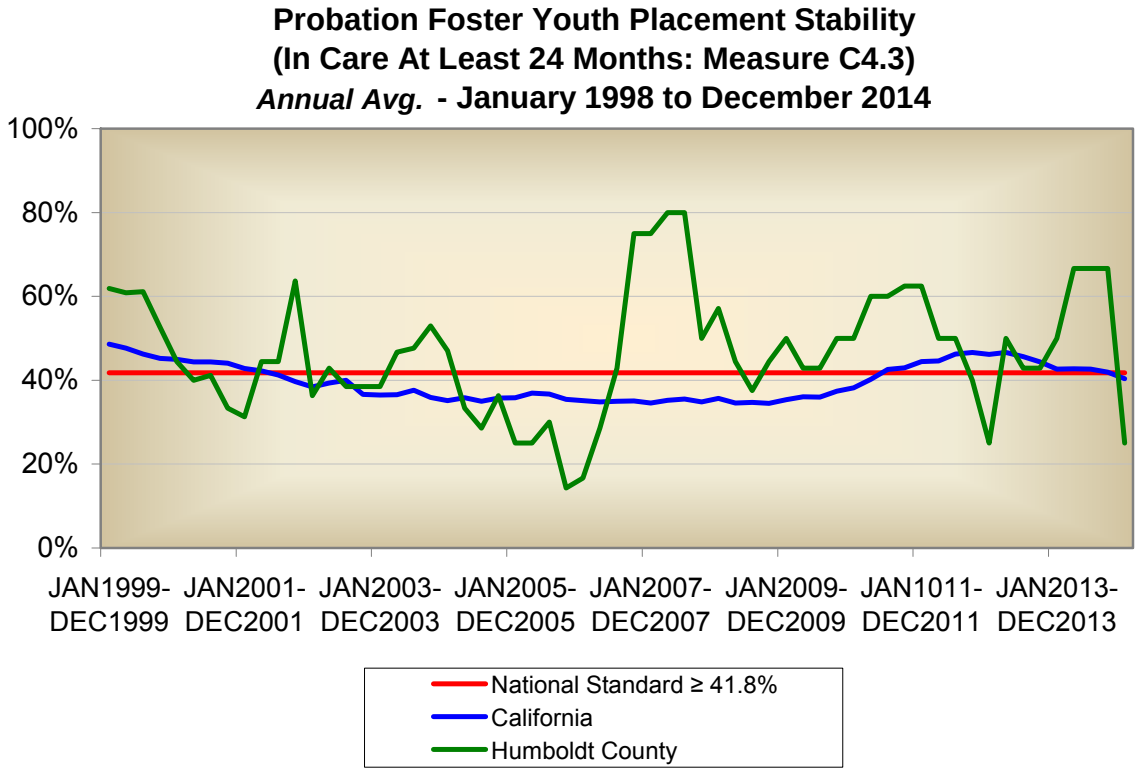
Finally, more focus is being placed on recruitment, training and support of care providers to attract high quality skilled care providers that are capable of caring for more difficult to place children, such as older youth and fragile infants. A foster parent recruitment committee was formed a year ago and one part-time staff person has been assigned to recruitment in response to the county's urgent need for more families willing to care for foster children. The Humboldt County Foster Parent Association has assisted with hosting a series of events and social functions geared toward informing, educating and recruiting prospective foster families.

Probation

The next chart shows the outcome measure Placement Stability of Probation Foster Youth With Two or Fewer Placements. Improvement in placement stability has occurred since

2006 for probation youth in out-of-home placement. Periods of decline in this measure have occurred occasionally during this time period as well. Even though placement stability has recently decreased from a peak in 2014 of 66.7% to 25% (1 out of 4 youth, it is expected to improve again toward the current national standard of 41.8% and statewide rate of 40.4 percent, as it has been demonstrated historically.

The longer a youth needs to stay in out-of-home placement, the more placement changes are likely to occur particularly due to the youth's higher needs. The Probation Department has a small population of youth in placement, where a small change in the number of youth could impact the outcomes greatly. The most recent data for the last quarter in 2014 represents a total of four Probation youth in out-of-home placement, with the greatest stability occurring in kinship and group home placements.



Source: UC Berkeley CWS Outcome Summary
Q4, 2014 (04/07/2015)

Analysis of this measure from U.C. Berkeley data (Qtr 4, 2014) shows 75% (3 out of 4) of youth that were in foster care at least 24 months with more than two placement settings currently range in age from 16-18 years of age and are of Caucasian (White) ethnicity. All three were placed in a group home. Two of the youth are male and one is a female. All three youth were contacted by their probation officer on a regular basis in their placements.

The characteristics of both males are similar. Each boy transferred to the delinquency system as a 300 dependent with numerous failed placements including failed group home placements. Both youth have maintained placement stability since being declared wards

on probation (one in June 2013 and the other in December 2014. Both boys have histories of abuse and neglect and have entered the delinquency system with permanent plans in place. Neither had lived in the home of a parent for years prior to entering the probation system. Both boys were adjudicated for a sexual offense and were placed in residential treatment facilities designed to offer treatment for juvenile sexual offending. One boy recently graduated from his program and has returned to his home community as an AB-12 youth. He is also receiving Wraparound services to support his transition home and receives emotional support from his mother and other family members.

The female youth discovered in measure C4.3 was removed from her parents' home in December 2012 and made a ward of the court that same month after her parents requested intervention from the delinquency court to manage their daughter's mental health issues. She was referred to the delinquency system after being hospitalized via W&IC section 5150. The 5150 status occurred after the youth committed some minor acts of vandalism on a public building. Her parents requested intervention by the 602 system because they were fearful of their daughter. She was placed in foster care in January 2013 and her permanent plan was ordered in December 2013. Due to her significant mental health issues, her first court ordered out-of-home placement was in a local therapeutic foster home, where she resided from January through April 2013. This placement ultimately failed due to her self-harming behavior and the foster parent's concern that she was unable to provide the level of care necessary to keep minor safe. After spending a period of time in a RCL Level 12 program from June through November 2013, this home was chosen, in part, because of its proximity to her parents' home, so they could participate in her treatment. She was subsequently moved to a higher level of care due to her escalating mental health issues. She was then placed at a RCL Level 14 program from November 2013 through February 2014. The proximity to parents was also considered when choosing this facility. During both group home placements she was hospitalized multiple times due to her mental health instability, spending one month at a psychiatric hospital in September 2013, and two more weeks at the same hospital at the end of October. While at the Level 14 group home, the youth accessed emergency psychiatric services via 5150 WIC on four occasions and subsequently spent one week at a psychiatric hospital in February, 2014. On March 31, 2014, the youth entered her current placement which is a Community Treatment Facility (CTF). Prior to entry into the program, she was conserved by the Public Guardian's Office due to her mental condition. The youth is now 18 years of age and continues to reside at the CTF. Her probation was terminated in April 2015, and her case is currently managed by CWS as a 450 WIC transition dependent and by the Public Guardianship's Office.

A variety of Probation practices and strategies are in place to improve outcomes in this area, many which parallel CWS activities, such as mental health and public health nursing services, evidence-based practices, case management, Wraparound services, Independent Living Program Services for youth, Family Intervention Team for youth with high end needs, and the Family-to-Family Initiatives (Recruitment and Support of Care Providers, Building Community Partnerships, Team Decision Making (TDM), and Self Evaluation).
A Deputy Probation Officer was recently trained in the Parent Project model. Any parent of a probation youth in placement who could benefit from learning these skills will be referred to the program.

Local placement options are limited, which is a barrier to active parental participation in reunification services. Youth are often placed out-of-county in foster homes and residential treatment facilities three to six hours away. While parents are supported monetarily for visits and encouraged by the probation officer to engage in family counseling and other reunification services, the distance to travel makes this impractical and a challenge for some parents. Technologies for youth and family contact such as Skype will be explored.

Probation routinely meets monthly contact standards. Nevertheless, Probation continues to closely monitor monthly contacts data because periodically data reports indicate a decline in this area. This is most often caused by data entry errors pertaining to removal and start/stop dates, as well as youth whose whereabouts are unknown. Data entry errors are corrected to accurately reflect case progression.

6. Other Successes, Promising Practices, and Initiatives

Evidence-Based Practices Being Implemented

The following three EBPs are relatively new in implementation and target to meet service needs in adolescent AOD, in-home parenting skills, and youth motivation techniques for transitioning to independence.

Adolescent Community Reinforcement Approach with Assertive Continuing Care

A-CRA/ACC has capacity to serve adolescents (12 to 22yrs) with substance abuse or co-occurring disorders. It is a behavioral intervention that seeks to increase the family, social, and educational/vocational reinforcers to support recovery from substance/alcohol abuse. Assertive Continuing Care (ACC) includes home visits and case management. It stresses rapid initiation of services after discharge from treatment to prevent or reduce the likelihood of relapse. This model has strong research and evaluation results that match local needs. Staff have been certified for A-CRA /ACC.

An average of one youth (mostly 16-17 years of age) enroll in A-CRA. Over 70% of the youth are referred by Probation.

For more information on A-CRA/ACC, refer to the county's SIP Goal (C1.1 Strategy 2) that seeks to increase child reunification with family within 12 months by increasing availability of EBPs for children and families, discussed on page 28 of this report. This Strategy 2, Action Plan A describes current activities taking place with A-CRA /ACC.

SafeCare

Since 2012 DHHS has combined Public Health Nursing (PHN) Home-Visit Case Management services (previously known as the Alternative Response Team) with the SafeCare parenting training curriculum. Supervising public health nurses and community health outreach workers were trained in SafeCare by the Georgia State University Research Foundation and SafeCare staff certification has been completed.

SafeCare is a parent training curriculum (based on 30 years of research) for parents of children who are at-risk or have been reported for maltreatment, also adolescent parents or parents who lack social support, resources, parenting strategies. It is a home visitation parent training program designed to reduce child abuse/neglect of children between 0 to 5 years old, promote parenting skills, and increase child/family safety. The program provides about one hour home visits per week for 18-20 weeks. It is staffed by two public health nurses and seven community outreach workers. It is anticipated that there will be 60 cases by the end of 2014.

SafeCare practice complements the county's existing EBP called Nurse Family Partnership, which is a home-visitation program for low-income women during their first pregnancy and through the first two years of their child's life. SafeCare also fits with DHHS goals of implementing evidence based programs that promote prevention/early intervention and extends an evidence based skill set to paraprofessional staff who are already in roles that support families at risk.

A SafeCare Evaluation Plan has been developed and is conducted by DHHS Research & Evaluation Unit. The evaluation plan includes a logic model, outcome evaluation tools, fidelity compliance, client satisfaction surveys, data collection process, and quarterly outcome data analysis and reporting methods. An average of four new families enroll in SafeCare each month. The next step will be to refine the SafeCare referral process and determine how best to connect this service to the local tribes.

Transition to Independence Process (TIP) Model

This is an evidence-supported model implemented within the Humboldt County Transition Age Youth (TAY) Division. The model is based on studies that demonstrate improvement in self-sufficiency and goal achievement outcomes for youth and young adults with emotional behavioral difficulties. It involves youth, their identified families and other informal key players in a process that facilitates youth exploration of their interests and future in relation to several transition domains: employment and career, education, living situation, personal effectiveness/well-being, and community-life functioning.

TIP training has been provided and continues to be provided to TAY Division staff to improve engagement, progress and outcomes for youth/young adults (ages 16 – 26) experiencing serious risk associated with transitioning to adulthood functioning. There are two mental health clinicians fully trained as trainers in the TIP model. The TIP Progress Tracker database is set up to review behavioral health outcomes and maintain fidelity with the TIP model. The model is a good fit within the philosophy of DHHS, which includes strong youth voice, system of care principles, peer support, and multiple discipline collaboration toward holistic recovery. TIP is also a part of the county's SOC grant Goal 1 to promote targeted EBPs (discussed in the following page).

The next step is to make TIP data available to C&FS management to facilitate monitoring and evaluation.

Developing Initiatives

Other activities in the implementation process that seek to improve outcomes for children and families, are as follows.

Children & Family Services System of Care (SOC) Grant

The System of Care Expansion Implementation Project brings together Humboldt County Department of Health and Human Services–Children and Family Services, community partners, youth and families collaborating to expand services to the County's children, youth and families who have serious emotional disturbance (SED) issues. The goal of the project is to build upon progress made so far in the county's existing project initiatives and strategic plans in order to expand and sustain the system of care values and principles that address the needs of children and their families with serious mental health conditions. The project's Core Team that is made up of DHHS Staff, youth and family members and continues to meet weekly. The larger Central Team, which includes DHHS Staff, youth, family, and community partners, meets monthly.

The SOC project is expanding to different regions of Humboldt County. A senior program manager and administrative analyst are dedicated to coordinate the expansion of SOC, however all leadership in C&FS is involved, including Deputies and Program Managers. The grant's technical team conducted a site visit in May 2015 and included brainstorming, coaching, consultation, and technical assistance with SOC.

SOC Expansion Implementation project goals, objectives, and activities consist of the following:

- **Increased integration (Goal 1):**
  - Child & Adolescent Needs & Strengths (CANS) Assessment Tool utilization
  - Evidence Based Practices utilization (e.g. TIP, A-CRA, and Wrap)
  - Integrated Therapeutic Foster Care (ITFC) partial funding by Medi-Cal
  - Regionalized services and decentralized access to services to four corners of county
  - Children's Mental Health is continuing the integration of the Humboldt Practice Model into their work.

- **Cultural & Linguistic competency (Goal 2):**
  - Latino community outreach and feedback
  - Tribal community outreach and feedback
  - Culturally and linguistically competent staff (Grow Our Own)

- **Integration with Health Care Reform Across a Continuum of Care (Goal 3):**
  - Health Care Reform state implementation has subcontracted with Beacon Health Strategies to provide services for mild to moderate mental health needs and counties will continue to provide higher need/specialty mental health services.
  - California has submitted an application to the federal Center for Medicare and Medicaid Services to renew the state's 1115 Medicaid Waiver. Among the waiver's payment reform strategies is an effort to integrate behavioral health and physical health through coordination and shared savings between county mental health plans and Medi-Cal managed care plans.

- **Replication and Dissemination (Goal 4):**
  - A Federal Site Review was conducted in June 2015. This site visit is an opportunity to share the work of Humboldt BRIDGES since the grant was awarded in 2012.

- **Partnerships – Cross System Coordination (Goal 5):**
  - SOC Core team meets weekly and continues to move comprehensive strategic Parent Education and Support Initiative continues to move forward with support from the co-sponsors DHHS, the 0-8 Mental Health Collaborative, Humboldt County Office of Education, First Five, Changing Tides Family Services and Humboldt Area Foundation. Changing Tides has taken the lead for establishing and managing the "hub", an electronic location for parenting resources.
  - Eleven out of 27 Humboldt BRIDGES mini-grant applications were awarded. The next step is to create and finalize contracts between DHHS and the awardees.

- **Trauma Informed System goal (Goal 6):**
  - A subcommittee continues the process of developing a trauma screening tool for use across the systems. The subcommittee includes representatives from Humboldt BRIDGES, Katie A, local providers, and community members. A draft of the screening tool has been sent out to various community groups for feedback. The feedback will be reviewed and make necessary changes.

- **Family Driven/Youth Guided (Goal 7):**
  - An official Youth M.O.V.E. Chapter was created as a mechanism to connect HCTAYC to Federal mental health initiatives and to increase our access to technical assistance in the HCTAYC development, design, and structure.
  - The Youth in Mind (YIM) contract is designed to increase youth voice involvement in mental health policy and decision making at the state and local level
  - County contracted with a family liaison and parent partners are being hired to bring a family voice to the system of care and strengthen support to families.

- **Infant/Child Mental Health (Goal 8):**
  - Humboldt BRIDGES continues to partner with 0-8 Mental Health Collaborative to create a sub-committee focused on mental health services for infants and young children.

California Partners for Permanency (CAPP)

In 2010, the County of Humboldt became part of California's CAPP grant. This five-year grant is in its last year of implementation to decrease the number of Native American and African American children in foster care. Of the four counties in this grant for California, Humboldt is focusing on the disproportionality of Native American children in foster care. As of May 2014, approximately 40% of the children in foster care in Humboldt County are Native American.

The county hired National Indian Child Welfare Association (NICWA) in August of 2015 to complete the county's C&FS system analysis with an integrated community approach, and is expected to be completed in eight months. Also, progress and refinement continues on the implementation of the Humboldt Practice Model (HPM) including the beginning of

a string of implementation meetings that include C&FS staff and stakeholders scheduled for June 2015. The CAPP Advisory Board continues to meet monthly throughout the county and is working on formalizing yearly goals and a work plan. By the end of June 2015, it is expected that all of the case-carrying social workers will have been trained in the Humboldt Practice Model.

Partnerships between DHHS, tribal communities and the Northern Regional Training Academy are key to local CAPP sustainability, bringing important expertise and perspective to training and coaching. External coaches are building the capacity of supervisors and managers to assist staff to use HPM in culturally sensitive ways. Child welfare and children's mental health leadership are working closely together to embed the HPM as the central model of practice for children and families being served within those systems. Humboldt County DHHS leadership and management have made a commitment to continuing CAPP best practices beyond the grant and to all children, youth and families.

DHHS leadership continues to work on strategic planning to support and sustain CAPP implementation, integrate other local priorities, practices with the HPM, and manage many adaptive issues and needs. For example, staffing levels have been chronically low and workload stressors high despite ongoing open recruitments and hiring. With social worker vacancy rates running at approximately one-quarter of available positions, in addition to retirements, promotions, and staff leaves, C&FS leadership has responded adaptively by having supervisors and managers during recent months assist staff with safety-related field work and monthly contacts. While these challenges may necessarily divert leadership time and resources away from active implementation, this adaptive strategy is aligning the culture of the organization with the Practice Model as supervisors and managers demonstrate listening, respect and responsiveness to staff around workload issues, and actively team to meet the needs of local children and families. This is providing a solid foundation for further strategic planning and technical assistance and support in embedding implementation functions into existing structures and teams to support and sustain the Practice Model.

Probation EBP Project and Quality Assurance Program

In September 2011 Probation was awarded a two-year EBP grant effective October 2011 to September 30, 2013. The grant period was extended to June 30, 2014. The grant consisted of three components: Data Integration, Effective Practices in Community Supervision (EPICS) Training, and Organizational Development/Quality Assurance.

The activities of this grant were described in detail in last year's SIP progress report. The following is an excerpt from that report:

> *The final component is organizational development and quality assurance. In March 2012, researchers from the University of Cincinnati spent 3 days on site to conduct interviews with staff, juveniles, and families. Their assessment measured the capacity of the department to deliver evidence based interventions, as well as measure the effectiveness of the content currently provided. The assessment was a labor intensive process which called for the researchers to pore over Probation documents and processes. The report was completed in the Fall of 2012. The*

recommendations in the assessment report will be used to give the department direction in the areas of EBP implementation needing improvement. As part of the assessment, the University of Cincinnati offered technical assistance in developing a Continuous Quality Improvement (CQI) plan. CQI is the idea of an ongoing circular process which starts with: (1) identifying goals and objectives; (2) developing a plan; (3) implementing the plan; (4) checking outcomes to determine if implementation has succeeded as planned; (5) making improvements to the process to achieve the desired outcome.

The report referenced above continues to be utilized as the guiding document for EBP implementation within the Probation Department. In 2014, Department-wide strategic planning occurred where discussion of EBP implementation was a primary topic. A strategic planning workgroup continues to meet to develop an overarching EBP CQI plan

7. State and Federally Mandated Initiatives

County System Improvement Plan Integration with State Program Improvement Plan

The county SIP is the operational agreement between the county and the state, outlining county strategies and actions to improve the county's system of care. The SIP is part of C-CFSR state and local accountability system consisting of results-based comprehensive planning, improvement goals, and outcomes measurements. It is much like the Program Improvement Plan (PIP) that the states submit to the federal government. The SIP is designed to assist the state's efforts in achieving the goals of the federal PIP, including how the county activities described in the SIP contribute to the achievement of the PIP.

Humboldt County's five-year SIP goals and strategies continue to be in line with those of the state's PIP. These goals focus on child/family safety, well-being and permanency, achieved through county improvement goals to reduce recurrence of maltreatment, increase family reunification, and reduce reentry following reunification. Several county strategies reflect the state's PIP, aimed to improve these goals. They include: improving engagement with families earlier in the system and increasing family team approach; increasing availability of evidence-based practices for key risk factors and knowledge of trauma on behavior/well-being; increasing support, training and mentoring to care providers; and finally increasing family reunification supports through enhanced training, coaching and teaming of multi-disciplines and community partners.

Extended Foster Care (EFC) – "After 18"

Extended Foster Care legislation (AB 12) went into effect in California on January 1, 2012, followed by trailer bills AB212, SB1013 and AB1712 enacted in 2012. Foster youth as of age 18 have the option to remain in (or exit and reenter) extended foster care up to the age of 21 as a non-minor dependent (NMD). Those eligible for Extended Foster Care (EFC) include CWS dependents, Probation wards, former foster youth in non-related non-dependent legal guardianships established through dependency court, and foster youth receiving Kin-GAP or Adoption Assistance Program (AAP) benefits if established when

the youth was 16 years or older. NMDs may receive EFC benefits as long as they meet one of five participation criteria.

An EFC Work Group continues to meet monthly to facilitate the implementation of EFC. A tracking sheet of eligible EFC youth is updated monthly and utilized by the work group to monitor progress of EFC youth. An EFC policy & procedure has been developed and is being reviewed by administration.

As of the end of April 2015, the county has 52 youth *eligible* for extended foster care (42 CWS and 10 Probation), of which 45 of the youth *chose* to participate in extended foster care (37 with CWS and 8 with Probation). During the month of April, an additional CWS youth and Probation youth became eligible for EFC who chose to participate and one CWS youth emancipated out of EFC. Since the beginning of the EFC program on January 1, 2012, five CWS youth have emancipated from EFC, also six Probation youth have transitioned to CWS jurisdiction, one youth transferred to CWS from another county after one year residency, and two youth reentered CWS EFC. In addition, there are two youth in non-related non-dependent legal guardianship receiving extended benefits and several youth receiving extended AAP benefits. In addition, several NMD youth from other counties are being given courtesy supervision by Humboldt County.

Katie A. Court Settlement Implementation Plan

The county's SOC team is addressing the Katie A. Court Settlement Agreement. An eligibility sheet has been developed to assist with tracking children/youth who are members of the Katie A. subclass. Two reports are produced monthly, one describes subclass specifics and the other tracks the number of subclass members added and discontinued. In addition, forms and draft policies and procedures have been created pertaining to tracking eligibility, family team meetings, authorization of services, development and updating of service plans, clients declining services, clients declining or losing eligibility and the distribution of subclass information to staff.

Given the multitude of Humboldt County initiatives and state/federal mandates, the challenge will be not to spread county resources too thin or too thick across the systems of care. This will be aided by CAPP's objective to cross-link and combine resources among similar initiatives and action plans, as well as agency and community groups with common goals.

Performance of Targeted Outcome Measures

The following is a comparison between the most current performance of the priority outcome measures (as of Quarter 4, 2014) and the baseline performance during the County Self Assessment (CSA) in Quarter 3, 2011, and also the SIP in Quarter 4, 2011. Other comparative measures taken into account are the national standard and the county's targeted goals. Some improvement is shown in the outcome measure No Recurrence of Maltreatment, little improvement is shown in Reunification Within 12 Months, and the most improvement is shown in Reentry Following Reunification.

There is a new fourth Priority Systemic Factor added to the county's SIP, shown underlined at the bottom of this table.

Priority Outcome Measure: S1.1 No Recurrence of Maltreatment **National Standard:** 94.6% **Target Improvement Goal:** 97% **CSA/SIP Baseline Performance (Qtr 3/Qtr 4, 2011):** 90%/96% **Current Performance (Qtr. 4, 2014):** 96.8%
Priority Outcome Measure or Systemic Factor: C1.1 Reunification Within 12 Months (exit cohort) **National Standard:** 75.2% **Target Improvement Goal: CWS** 78.6% and **Probation** 57% **CSA/SIP Baseline (Qtr 3/Qtr 4, 2011): CWS** 70.7%/77.2% and **Probation** 33.3%/42.9% **Current Performance (Qtr. 4, 2014): CWS** 63.3% and **Probation** 66.7%
Priority Outcome Measure or Systemic Factor: C1.4 Reentry Following Reunification **National Standard**: 9.9% **Targeted Improvement Goal:** 18.6% **CSA/SIP Baseline Performance (Qtr 3/Qtr 4, 2011):** 19.1%/32.2% **Current Performance (Qtr. 4, 2014): 2**4.4%
Priority Outcome Measure or Systemic Factor: C&FS Agency Integration **Targeted Improvement Goal:** Increase DHHS collaboration and reorganization across C&FS Division and incorporate Continuous Quality Improvement (CQI) in decision making and system improvements.

The following section describes the status of all the strategies and action steps related to the priorities selected. Additions (shown as underlined) and deletions (shown as strike through) have been made to the following SIP Chart based on the needs of a dynamic system improvement process. For example, Probation has a new Strategy 5 in the C1.1 Improvement Goal and a new Priority System Factor has been added for C&FS.

Note: Shaded areas represent action steps targeted for start-up, progress, or completion up to August 2015.

PART C – Original CWS/Probation SIP Chart (and Modifications shown with deletions and additions)

IMPROVEMENT GOAL: S1.1 **No Recurrence of Maltreatment** **(increase from 96% to 97%)** **Strategy 1:** Improve engagement with families earlier in the system	☐ **CAPIT** ☐ **CBCAP** ☒ **PSSF** ☐ **N/A**	**Applicable Outcome Measure(s):** S1.1 (No Recurrence), C1.1 (Reunification), C1.4 (Reentry), and C4.3 (Placement Stability)

Action Steps:	**Timeframe (Start Date is 1/1/2013, unless otherwise noted, and Completion Date):**	**Entity Responsible:**
A. Develop, train and Implement Humboldt Practice Model (HPM), which includes Safety Organized Practice ~~(e.g. Signs of Safety or similar practice mode~~).	July 2013 and ongoing efforts	C&FS administration, program managers, and supervisors
B. Develop and implement a protocol for collaborating with the Tribes prior to case opening.	July 2013 and ongoing	C&FS Emergency Response Unit program manager and supervisors
C. Increase availability and referrals to existing integrated Mental Health services for children/families early in CWS system.	July 2013 and ongoing	C&FS administration, program managers and supervisors
~~**D.** Hire and train Parent/Family Partners to support families throughout the Child Welfare continuum.~~	~~December 2013- 2014 and ongoing~~	~~C&FS administration, program managers, and supervisors~~
E. Explore opportunities to increase bilingual/cultural staff.	Ongoing 2013 – 2017	C&FS administration
F. Evaluate results, from the time of implementation, to see if families are engaging in services and analyze impact on the rate of recurrence of maltreatment.	July 2016 and ongoing	C&FS program managers and analysts

IMPROVEMENT GOAL: S1.1 **No Recurrence of Maltreatment** **(increase from 96% to 97%)** **Strategy 2:** Increase use of family team approach	☐ **CAPIT** ☐ **CBCAP** ☒ **PSSF** ☐ **N/A**	**Applicable Outcome Measure(s):** S1.1 (No Recurrence of Maltreatment), C1.1 (Reunification), C1.4 (Reentry), and C4.3 (Placement Stability)

Action Steps:	**Timeframe (Start Date is 1/1/2013, unless otherwise noted, and Completion Date):**	**Entity Responsible:**
A. Train social workers and provide ongoing coaching to use Humboldt Practice Model ~~Safety Organized Practice or similar model~~ to explore with family their relationships and increase natural circles of support at case opening and throughout the case.	July 2013 and ongoing efforts	C&FS program managers and supervisors
B. Increase family meetings early and throughout the case to develop family/community/tribal support system and have supervisors coach staff during supervision to ensure family team meetings occur regularly.	July 2013 and ongoing	C&FS social workers
C. Develop family meeting protocol and desk guide to ensure follow-through after meetings.	~~July December 2013~~ July 2015	C&FS program managers, supervisors, and social workers
D. Train and coach social workers to develop post reunification plan with family to facilitate shared understanding and agreement of support network roles and maintaining post-dependency circles of support for the child and family.	December 2016 and ongoing	C&FS program managers and supervisors
E. Evaluate results since implementation by using CWS/CMS special project code to see if family teams are occurring ~~being developed~~ and the impact on rates of recurrence of maltreatment.	July 2016 and ongoing	C&FS program managers and analysts

IMPROVEMENT GOAL: C1.1 **Reunification Within 12 Months (exit)** **(CWS: increase from 76.8% to 78.6%)** **(Probation: increase from 42.9% to 57%)** **Strategy 1:** Increase the knowledge of birth families, care providers, partners, and agency staff about the effects of trauma on behavior and wellbeing	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s):** S1.1 (No Recurrence of Maltreatment), C1.1 (Reunification), C1.4 (Reentry), and C4.3 (Placement Stability)
Action Steps:	**Timeframe (Start Date is 1/1/2013, unless otherwise noted, and Completion Date):**	**Entity Responsible:**
A. Provide training to ~~every~~ ~~appropriate~~ new employees on the effects of trauma on parents and children (e.g. removal, historical, abuse/neglect, loss of loved ones, etc.). In addition, provide training twice per year to current employees and ongoing coaching to staff in order to incorporate it into practice.	Training for employees by July 2013	C&FS and Probation administration in partnership with the DHHS Training Education & Supervision Unit
B. ~~Provide trauma informed therapy to the entire family at the beginning of the case.~~ Each child/family will be screened for indicators of trauma and need for trauma informed therapy, then a referral is made for mental health assessment.	July 2014 and ongoing	C&FS mental health clinicians
C. Evaluate results since implementation to see if there is an increase in knowledge of trauma and its effect on time to reunification.	July 2016 and ongoing	C&FS and Probation program managers and analysts

IMPROVEMENT GOAL: C1.1 **Reunification Within 12 Months (exit)** **(CWS: increase from 76.8% to 78.6%)** **(Probation: increase from 42.9% to 57%)** **Strategy 2:** Increase availability of Evidence Based Practices (EBP) for children and families	☒ **CAPIT** ☒ **CBCAP** ☐ **PSSF** ☐ **N/A**	**Applicable Outcome Measure(s):** S1.1 (No Recurrence of Maltreatment), C1.1 (Reunification), C1.4 (Reentry), and C4.3 (Placement Stability)

Action Steps:	**Timeframe (Start Date 1/1/2013, unless otherwise noted, and Completion Date)**	**Entity Responsible:**
A. Build tribal/community partnerships to better coordinate service delivery to various populations in Humboldt County.	Ongoing (2013 – 2017)	C&FS and Probation administration, program managers, supervisors, & social workers/probation officers
B. Explore additional EBPs to address adolescent alcohol and other drug (AOD) issues and select which EBPs to recommend for approval.	November 2012 – November 2013	C&FS and Probation administration
C. Coach staff during supervision, staffing, and other training meetings on use of referrals to evidence-based practices.	December 2013 and ongoing	C&FS and Probation program managers and supervisors
D. Increase awareness of all care providers and staff with ~~quarterly~~ regular trainings on county EBPs offered by DHHS (e.g. Incredible Years, Functional Family Therapy, Parent Child Interaction Therapy, Nurse Family Partnership, Trauma Focused Cognitive Behavioral Therapy, Aggression Replacement Training, etc.).	Quarterly each year (2013 – 2017)	C&FS and Probation program managers and supervisors, in coordination with the Foster Parent Association, College of the Redwoods, and DHHS Training Education & Supervision Unit
E. ~~Educate the local court system on the benefits of serving youth and families using EBPs through Court Improvement meetings and In-Service meetings with Attorneys.~~ Evaluate and monitor EBPs on quarterly basis using R&E quarterly status reports to identify CWS usage by EBP type.	Ongoing (2013-2017)	C&FS and Probation administration, program managers, and supervisors

IMPROVEMENT GOAL: C1.1 Reunification Within 12 Months (exit) (CWS: increase from 76.8% to 78.6%) (Probation: increase from 42.9% to 57%) **Strategy 3:** Expand recruitment, training and support of foster families and ~~the mentor program~~ to all care providers**.**	☐ **CAPIT** ☐ **CBCAP** ☒ **PSSF** ☐ **N/A**	**Applicable Outcome Measure(s):** S1.1 (No Recurrence of Maltreatment), C1.1 (Reunification), C1.4 (Reentry), and C4.3 (Placement Stability)

Action Steps:	**Timeframe (Start Date is 1/1/2013, unless otherwise noted, and Completion Date):**	**Entity Responsible:**
A. ~~Provide annual trainings and ongoing support to foster families, relatives and NREFM care providers on mentoring birth parents to strengthen parenting skills~~. Increase the number of foster care homes, and tribal families available in the county	December 2013 and ongoing	C&FS and Probation program managers, supervisors, and Placement Unit, in coordination with the Foster Parent Association and College of the Redwoods Foster/Kinship Education Program
B. Increase ~~recruit~~ support and training of ~~and assign~~ experienced care providers to mentor~~s~~ and support other new care providers ~~to relatives and NREFMs that provide care to children~~.	December 2013 and ongoing	C&FS and Probation Placement Units
C. Evaluate results since implementation to see if there was ~~have been~~ an increase in mentors assigned ~~identified for~~ to care providers and its effect on time to reunification.	July 2016 and ongoing	C&FS and Probation program managers and analysts

IMPROVEMENT GOAL: C1.1 Reunification Within 12 Months (exit) (CWS: increase from 76.8% to 78.6%) (Probation: increase from 42.9% to 57%) **Strategy 4:** Improve identification and documentation of child/family strengths	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s):** S1.1 (No Recurrence of Maltreatment), C1.1 (Reunification), C1.4 (Reentry), and C4.3 (Placement Stability)

Action Steps:	**Timeframe (Start Date is 1/1/2013, unless otherwise noted, and Completion Date):**	**Entity Responsible:**
A. ~~Work with the local court system to change language in court reports to include child and family strengths.~~	~~July 2014~~ 2015	~~C&FS and Probation program managers and supervisors~~
B Add to ~~Edit~~ court report ~~templates to include space for~~ a discussion of child and family strengths. Provide Spanish interpretation if needed.	July ~~2014~~ 2015	C&FS and Probation program managers, supervisors, and CWS/CMS analyst
C. Train and coach staff to identify and document child/family strengths in case staffing, family meetings, and in case plans.	July ~~2014~~ 2015 and ongoing	C&FS and Probation program managers and supervisors
D. Train and coach staff to improve identification and information gathering of child/family strengths and what is working well at hotline level when report comes in.	July ~~2014~~ 2015 and ongoing	C&FS and Probation program managers and supervisors
E. Evaluate whether ~~results since time of implementation to see if~~ child and family strengths are addressed in federal case file review process (court reports, case 65taffing, family meetings, case plans, and also effect on time to reunification).	July 2016 and ongoing	C&FS and Probation program managers and analysts

IMPROVEMENT GOAL: C1.1 **Reunification Within 12 Months (exit)** **(Probation: increase from 42. 9% to 57%)** **Strategy 5: Probation** – Increase Parental Engagement	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	**Applicable Outcome Measure(s):** C1.1 Reunification and C43 Placement Stability ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project

Action Steps:	**Timeframe (Start Date is 1/1/2013, unless otherwise noted, and Completion Date):**	**Entity Responsible:**
A. Train placement staff to link parents to community services such the Parent Project parenting education and Family Resource Centers.	Start Date: August 2015	Probation Division Director and Unit Supervisors
B. Increase monthly Treatment Team Meetings for all youth placed in group homes to a minimum of 1x per month. Consider expanding Treatment Team Meetings to include youth placed in foster care.	Start Date: August 2015 and ongoing	Probation Division Director and Family Reunification Supervisor
C. Increase family visitation opportunities for youth in out of home placements. Explore technologies to improve contact, such using Skype.	Start Date: August 2015 and ongoing	Probation Division Director, Family Reunification Supervisor, and placement probation officers
D. Train placement staff to carefully document contacts in CMS to reflect parental engagement activities. Supervisor to run a contact log in order to monitor family engagement activities.	Start Date: August 2015 and ongoing	Probation Division Director and Family Reunification Supervisor
E. Provide additional training to placement staff, including placement supervisor, on data entry in CMS so that timely reunification can be accurately measured and monitored. Supervisor will run open placements by placement facility type each month to check for accuracy.	Start Date: August 2015 and ongoing	Probation Division Director and Family Reunification Supervisor

IMPROVEMENT GOAL: C1.4 Reentry Following Reunification (decrease from 32.2% to 18.6%) **Strategy 1:** Increase post reunification family supports	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	**Applicable Outcome Measure(s):** S1.1 (No Recurrence of Maltreatment), C1.4 (Reentry), and C4.3 (Placement Stability)

Action Steps:	**Timeframe (Start Date is 1/1/2013, unless otherwise noted, and Completion Date):**	**Entity Responsible:**
A. Train and coach staff to identify families' circle of supports at case opening, using processes such as mapping and working with family to increase the number of support people throughout the case.	December 2014 and ongoing	C&FS program managers and supervisors
B. Train and coach social workers to develop post reunification plan with each family that facilitates a shared understanding and agreement of support network roles and commitment in maintaining post dependency circles of support for the child and family.	December 2014 and ongoing	C&FS program managers and supervisors
C. Evaluate results since implementation to see if after care planning occurs and effect on reentry rates.	July 2016 and ongoing	C&FS program managers and analysts

IMPROVEMENT GOAL: C1.4 Reentry Following Reunification (decrease from 32.2% to 18.6%) **Strategy 2:** ~~Enhance teaming by various disciplines and improve service delivery to children and families~~ Increase DHHS integration across C&FS Division.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	**Applicable Outcome Measure(s):** ~~S1.1 (No Recurrence of Maltreatment), C1.1 (Reunification), C1.4 (Reentry), and C4.3 (Placement Stability)~~ Full C&FS co-location of staff in new building and structural enhancement of C&FS Division

Action Steps:	Timeframe (Start Date is 1/1/2013, unless otherwise noted, and Completion Date):	Entity Responsible:
A. ~~Develop integrated teams that include county staff assigned to geographic regions in the county (e.g. located at local FRCs).~~ Implement full co-location of C&FS multi-disciplinary staff in new building.	~~December 2012 - August 2014 and ongoing~~ December 2015 and ongoing	C&FS administration, program managers, and supervisors
B. ~~Link these teams to other tribal/community partners within their geographic areas to serve children and families in an integrated and holistic manner.~~ Structure C&FS Division to allow for sufficient staff and service delivery that are integrated and responsive to geographic area resources and needs.	~~December 2012~~ ~~August 2014 and ongoing~~ December 2016 and ongoing	C&FS administration, program managers, and supervisors
C. ~~Evaluate results of implementation to see if improved teaming and service delivery occurs and its effects on reentry rates.~~	~~July 2016 and ongoing~~	~~C&FS program managers and analysts~~

IMPROVEMENT GOAL: C1.4 Reentry Following Reunification (decrease from 32.2% to 18.6%) **Strategy 3:** Improve data entry accuracy of placement episode information in CWS/CMS	☐ **CAPIT** ☐ **CBCAP** ☐ **PSSF** ☒ **N/A**	**Applicable Outcome Measure(s):** S1.1 (No Recurrence of Maltreatment), C1.1 (Reunification), and C1.4 (Reentry), and C4.3 (Placement Stability)

Action Steps:	**Timeframe (Start Date is 1/1/2013, unless otherwise noted, and Completion Date):**	**Entity Responsible:**
A. Provide annual training to Supervisors, Social Workers, and Data Entry Operators on data entry in CWS/CMS ~~twice a year~~.	~~January~~ December 2013 and ongoing	C&FS program managers and analysts
B. Run quarterly reports to examine accurate data entry on children and youth that have reentered out of home care.	March 2013 and ongoing	C&FS program managers and analysts
C. Evaluate ~~results from time of implementation to see if~~ data entry accuracy ~~has improved~~ and its effect on reentry rates and other performance measures needing improvement.	July 2016 and ongoing	C&FS program managers and analysts

IMPROVEMENT GOAL: **C&FS Agency Integration** **Strategy 1:** Increase DHHS collaboration across C&FS Division and incorporate Continuous Quality Improvement (CQI) in decision making and system improvements.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s):	
Action Steps:	**Timeframe (Start Date is 1/1/2013, unless otherwise noted, and Completion Date):**	**Entity Responsible:**	
A. Increase DHHS collaboration across C&FS Division to inform administration decision making and system improvements.	Start: December 2015 and ongoing Completion: December 2016 and ongoing	DHHS Administration and C&FS program managers	
B. Develop and implement CQI utilizing federal case review research results to inform administration decision making and system improvements.	Start: December 2015 and ongoing Completion: December 2016 and ongoing	DHHS Administration and C&FS program managers	